

# Sample Bank



SEQUENOM  
INDUSTRIAL GENOMICS

## Caucasians

Hispanics

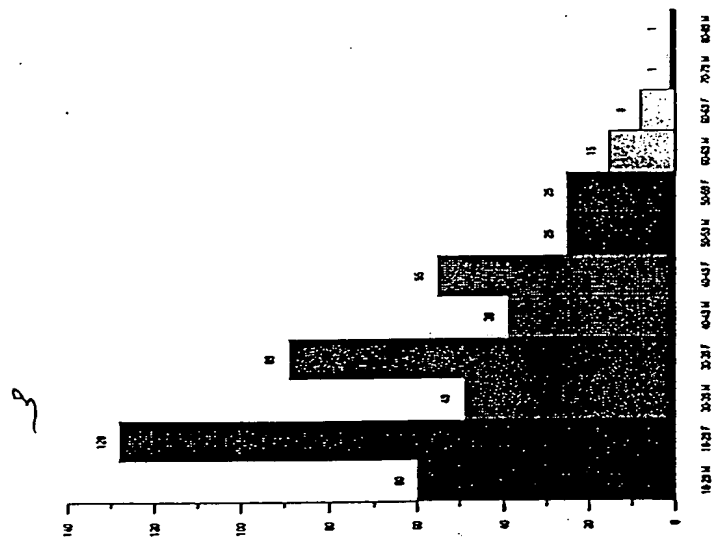
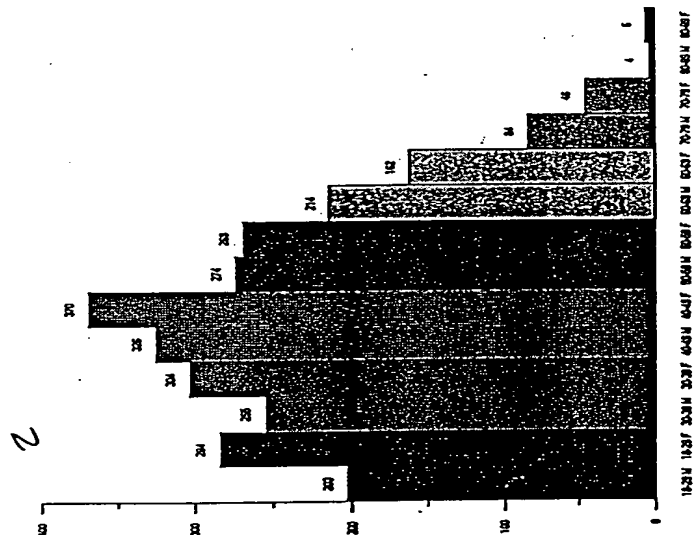
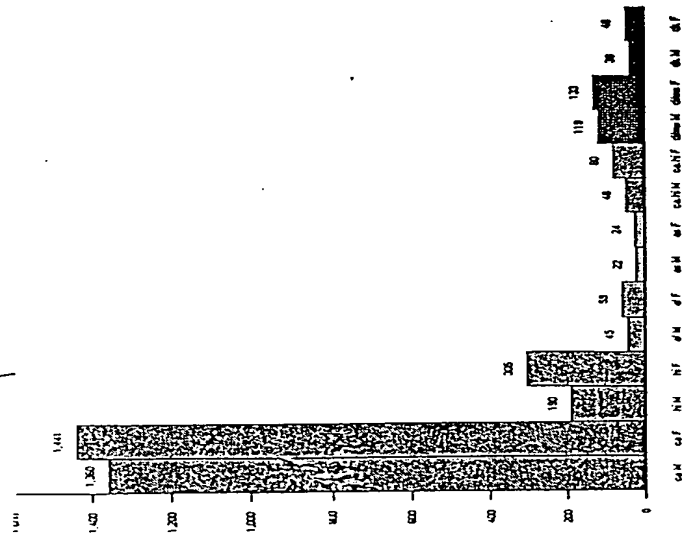
200

1954

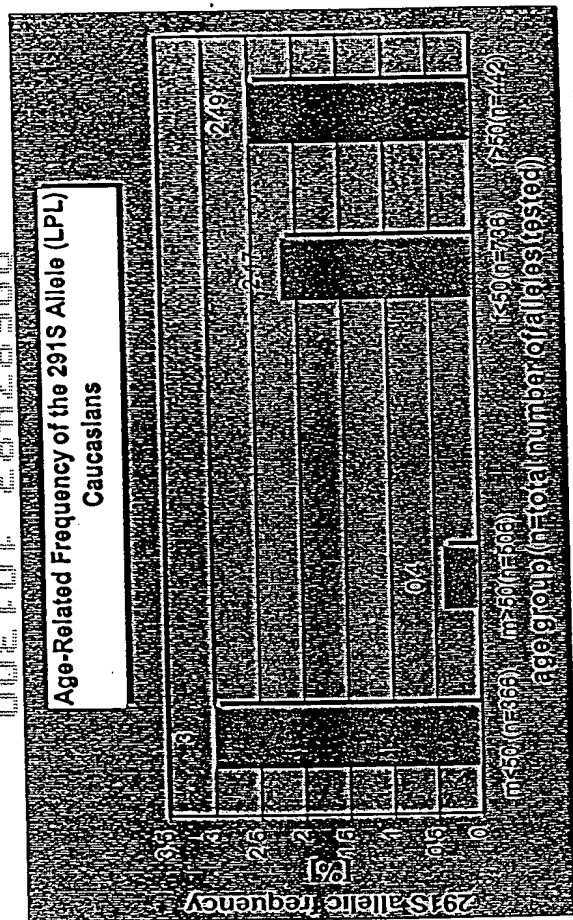
THE UNIVERSITY OF CHICAGO

Number of Samples 3912

**Number of Samples** | 280

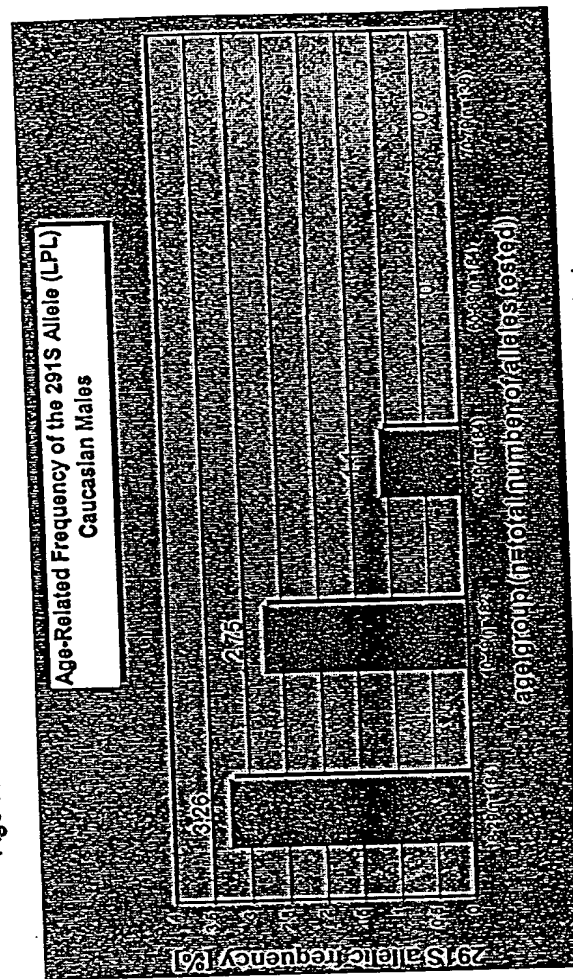
Number of Samples **495**

# FIGURE 1



**age- and sex-distribution of the 291S allele of the lipoprotein lipase gene. A total of 436 males and 589 females were investigated.**

Age-related distribution of the 291S allele of the lipoprotein lipase gene within the




male Caucasian population. A total of 436 males were tested.

**FIGURE 2B**



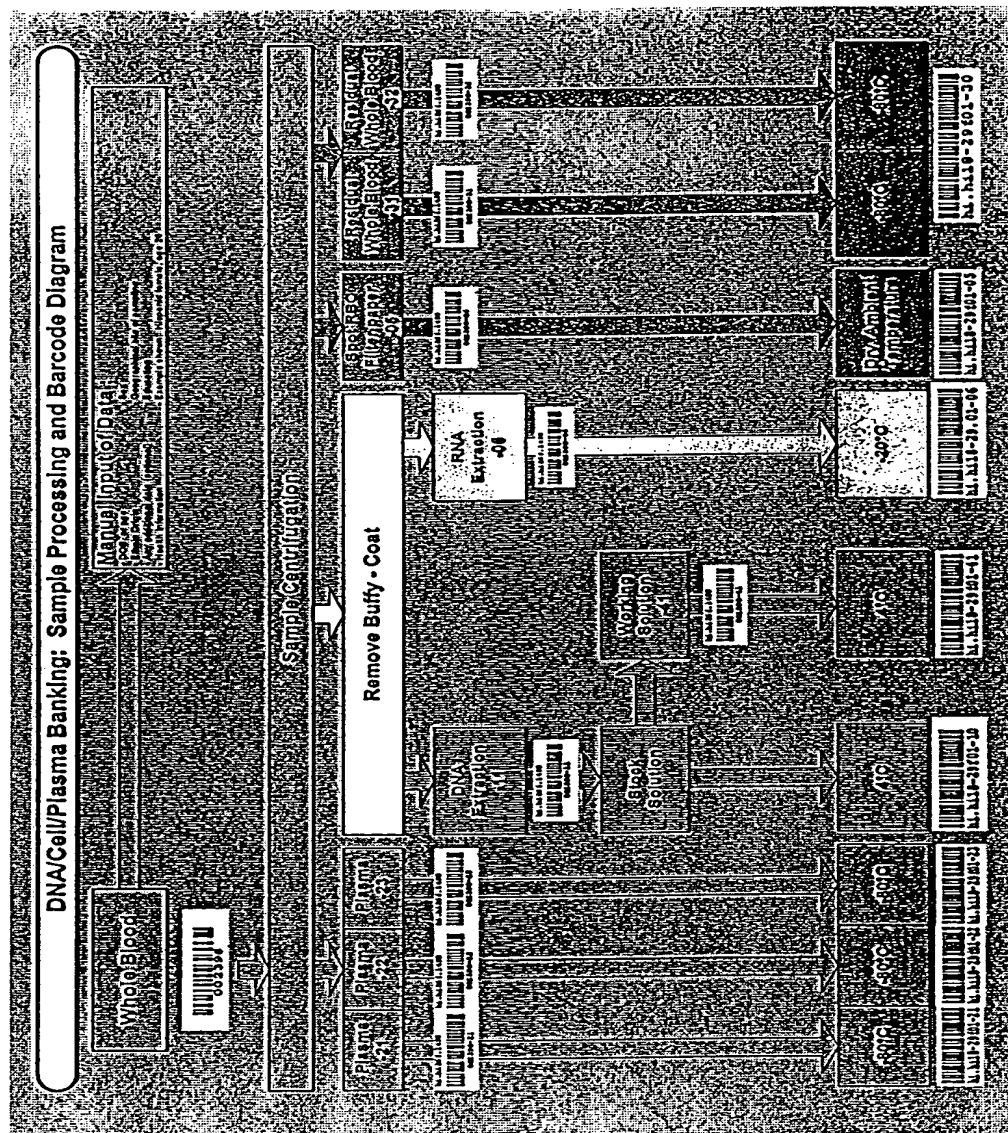
# Questionnaire for Population-Based Sample Banking

### FIGURE 3



# Intelligent Genomics

# Sample Banks



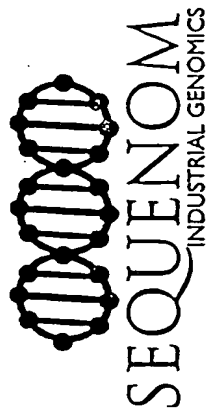
**FIGURE 4**

# Intelligent Genomics





# Intelligent Genomics



Age-Dependent Distribution of ApoE Genotypes / Alleles

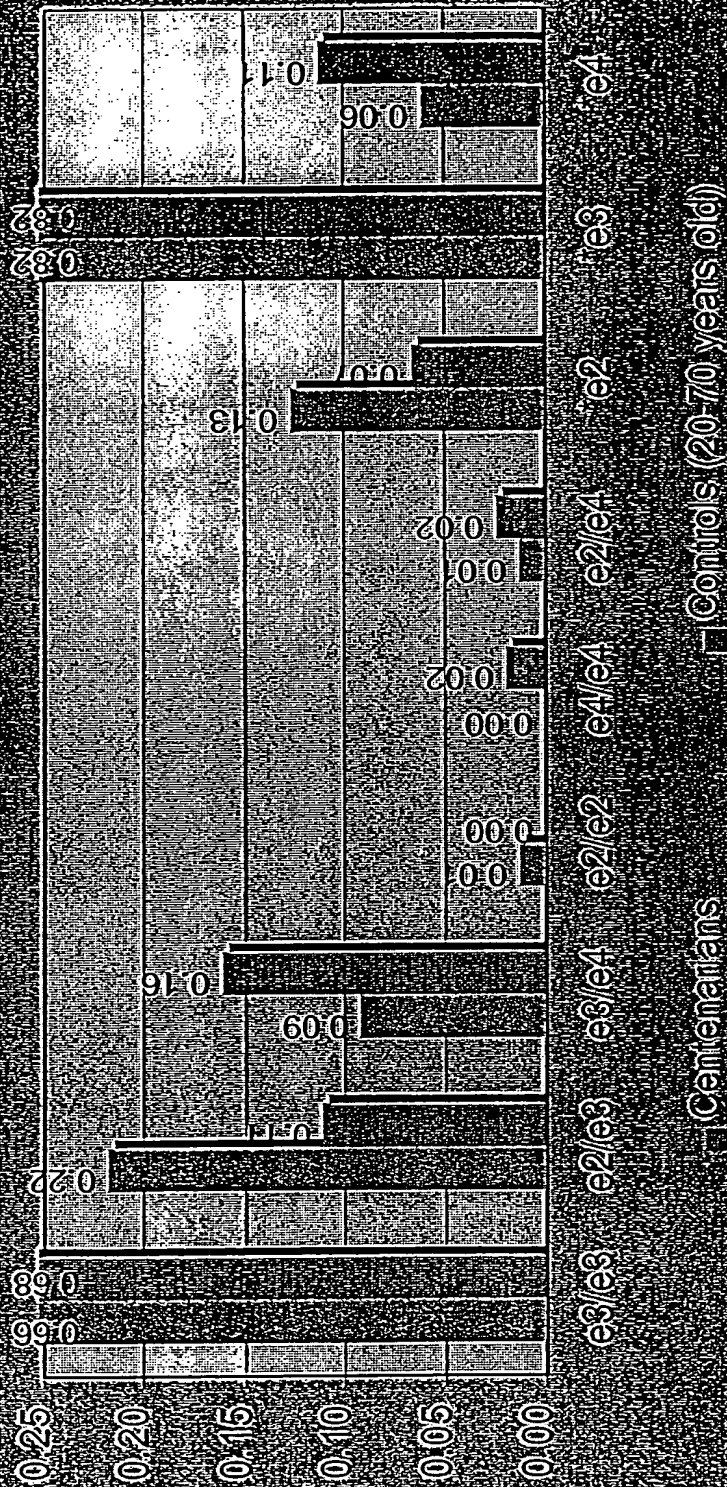
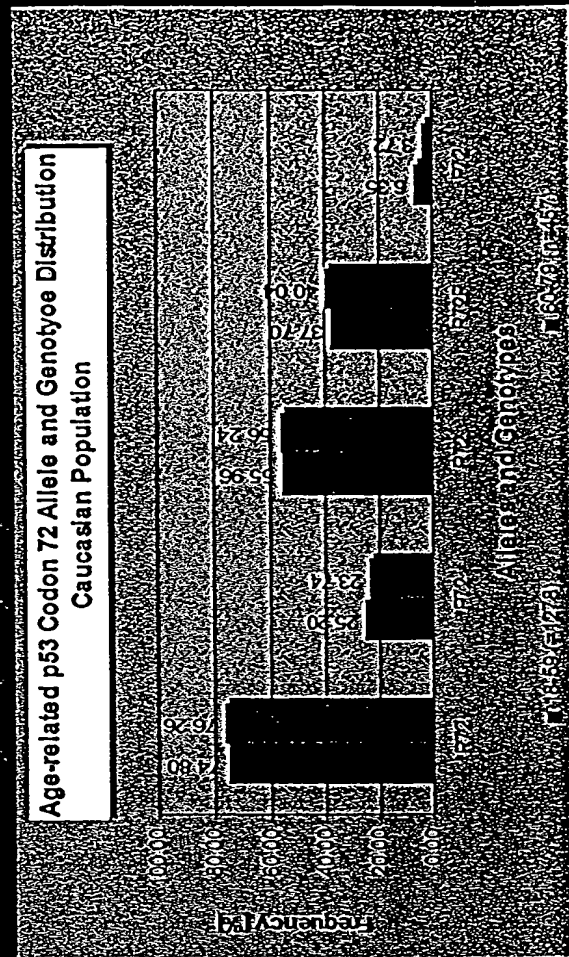
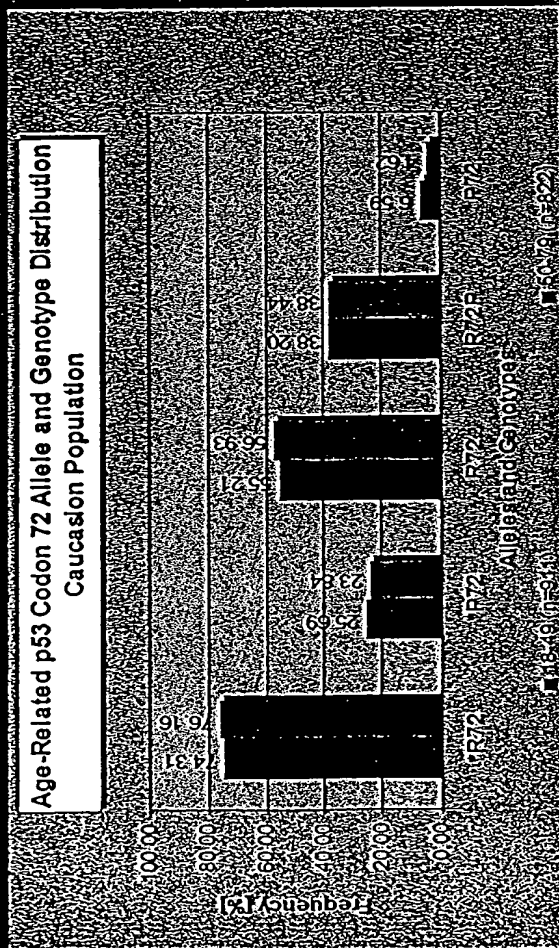


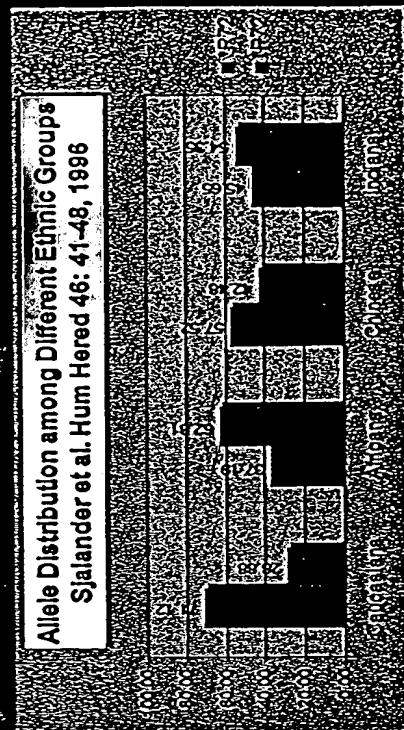
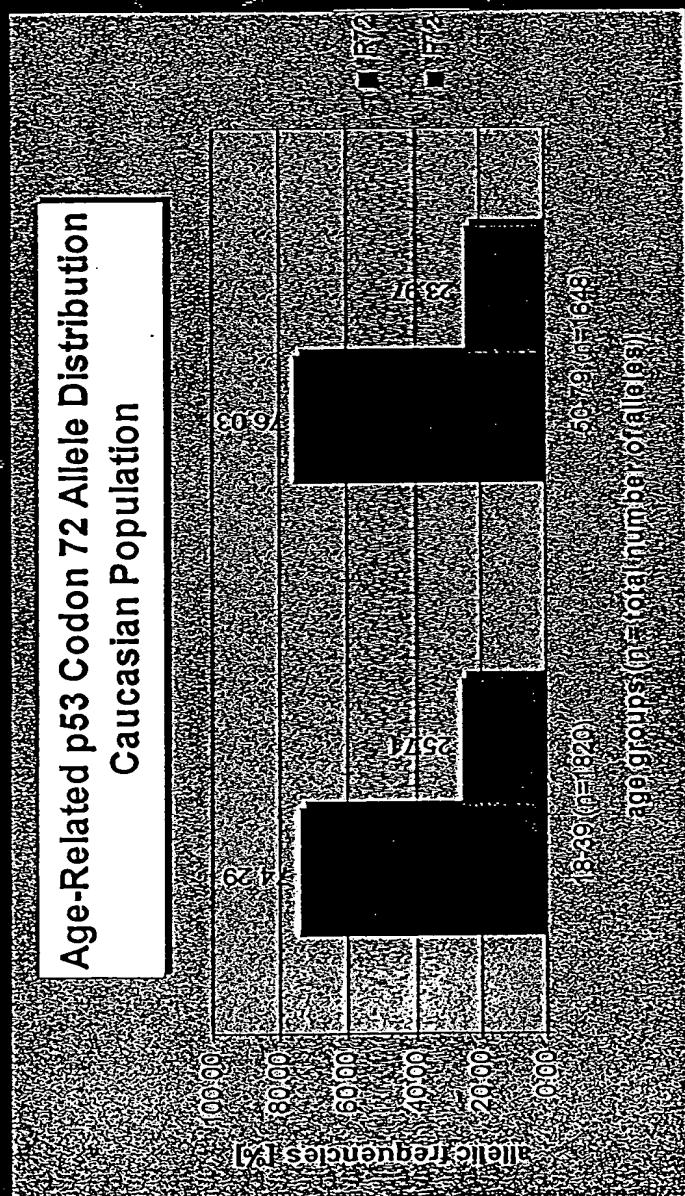
FIGURE 6

FIGURE 7A

*igene*







**FIGURE 7B**

100-100000

# P53 PP vs. PR/RR Genotype Distribution

## By Age cut\_point = 59

Age Group	<u>Genotype Freq (%)</u>		
	N	PP	PR/RR
18-59	1278	6.7	93.4
60-79	457	3.7	96.3

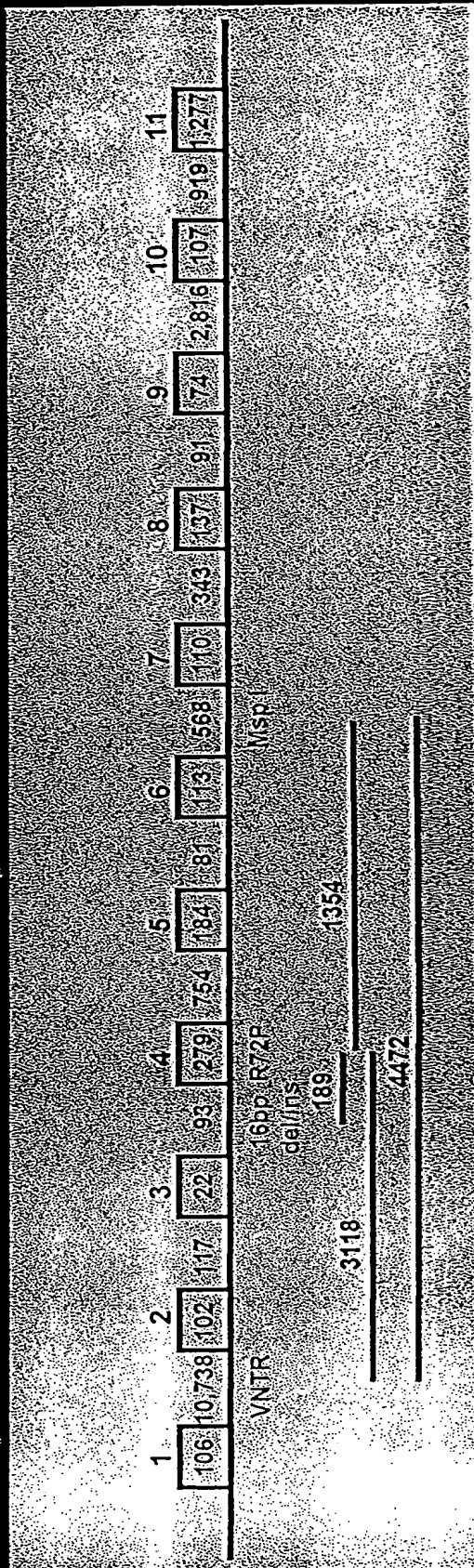
Sample Size : 1735

 $\chi^2: 5.2 (1 \text{ d.f.}), P = 0.02$

FIGURE 7D

*igGenomics*

# Genomic Organization of the p53 Gene



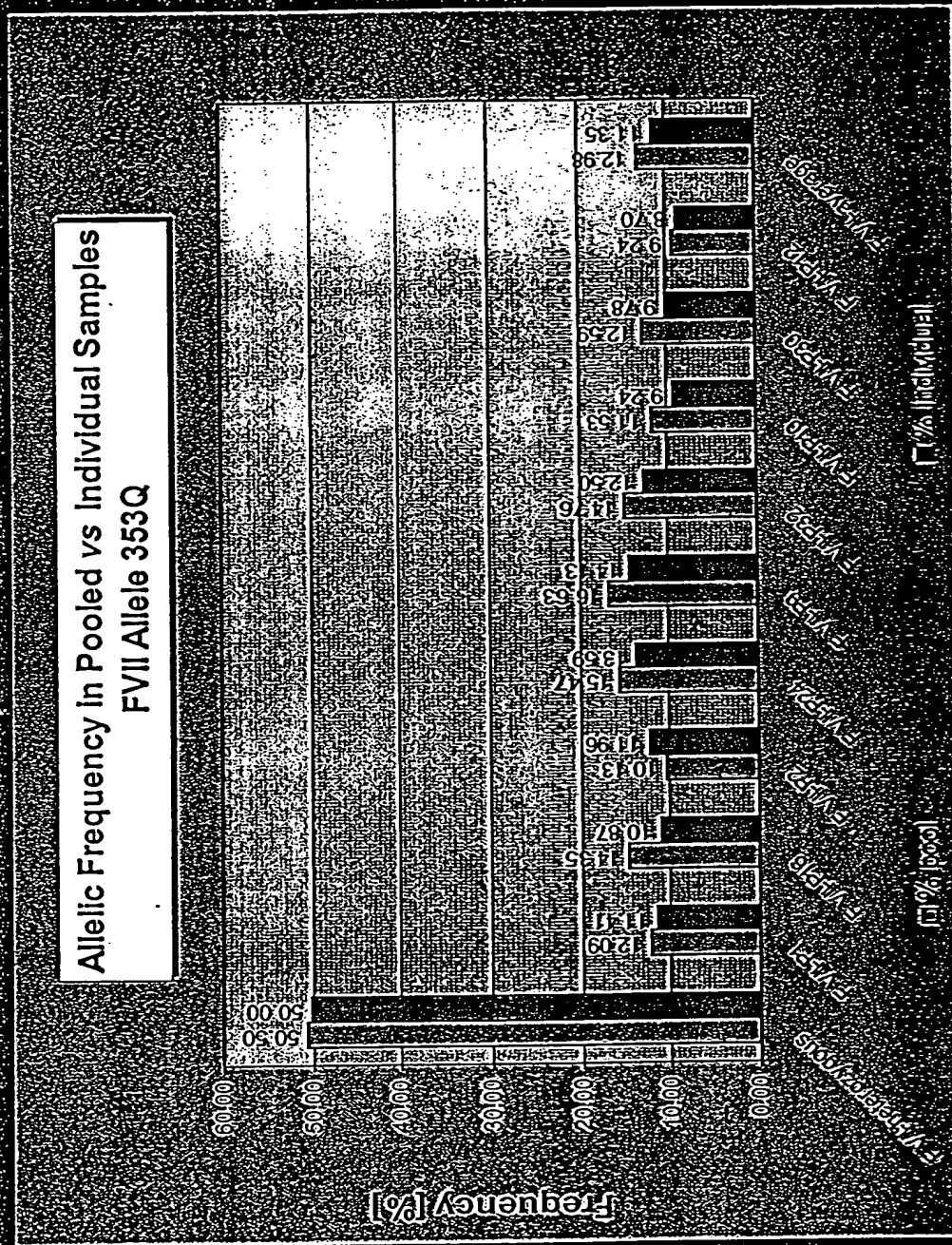


# DNA MassArray™

# FVII R353Q



SEQUENOM  
INDUSTRIAL GENOMICS



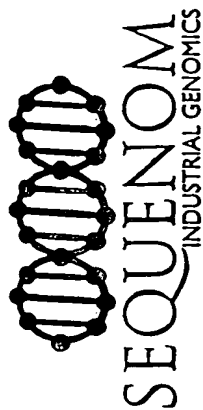
**FIGURE 9**



000001" E8778960

DNA MassArray™

CETP I405V



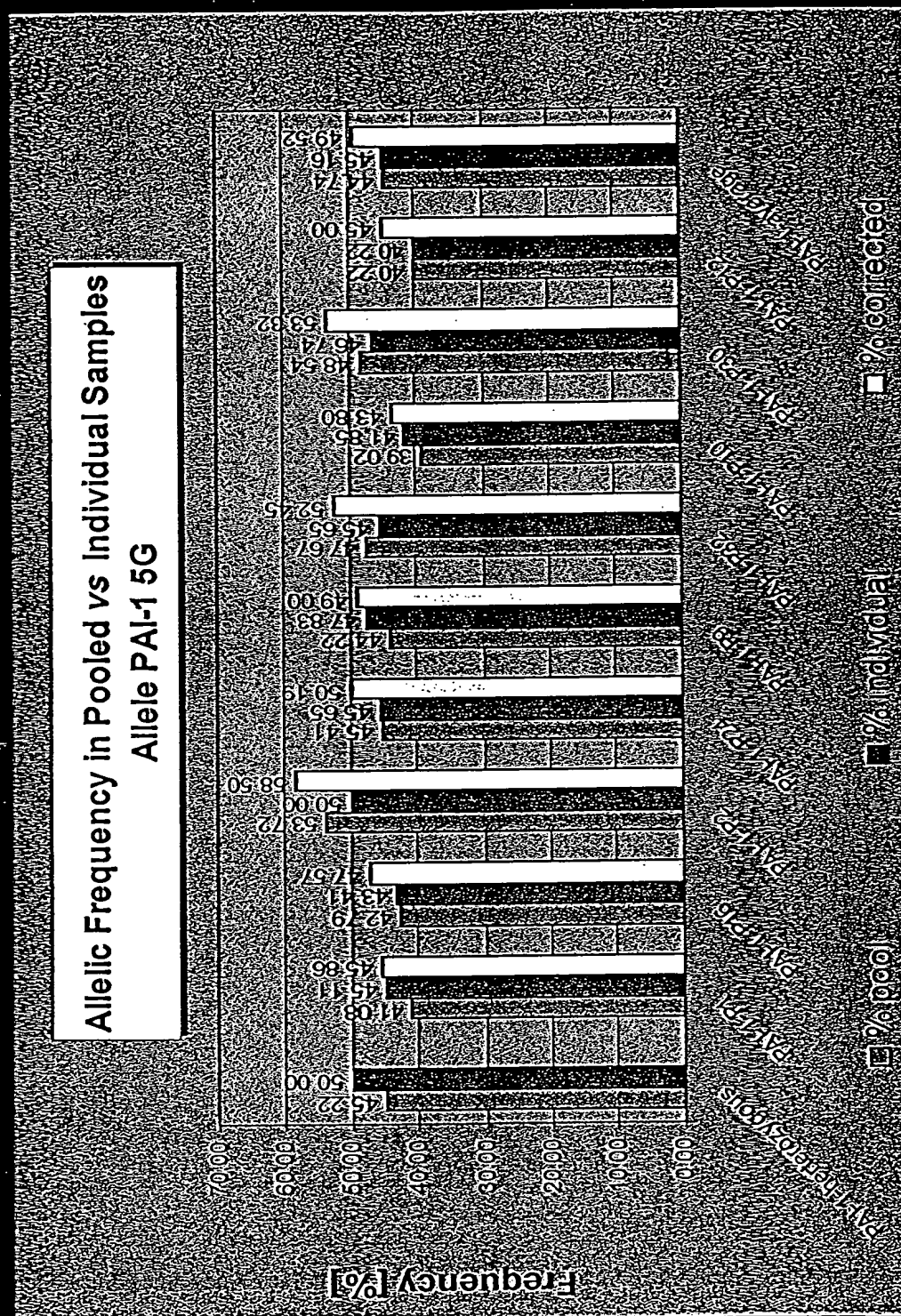
Allelic Frequency in Pooled vs Individual Samples  
CETP Allele 405V



FIGURE 10

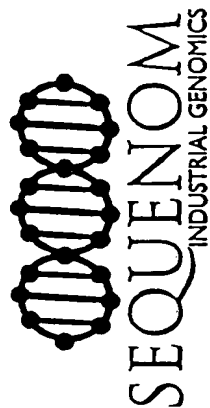
# DNA MassArray™

# PAI-1 4G/5G



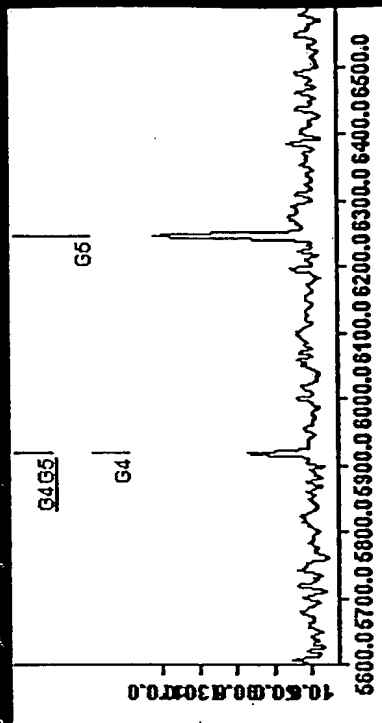
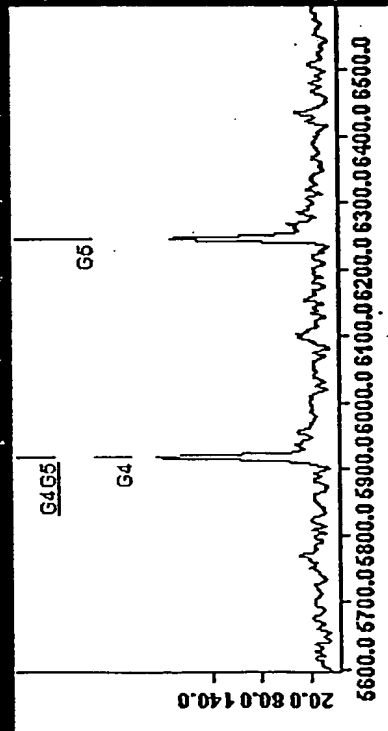
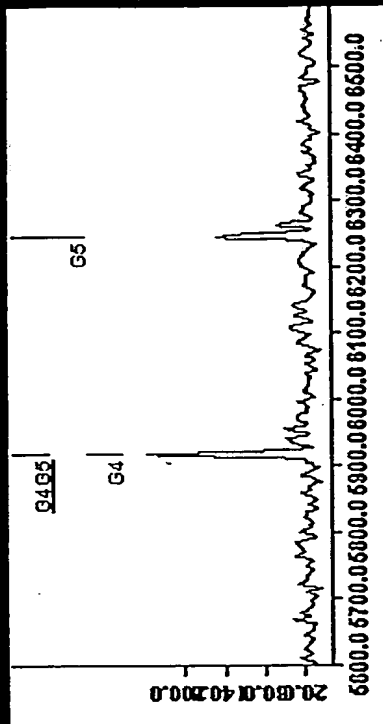
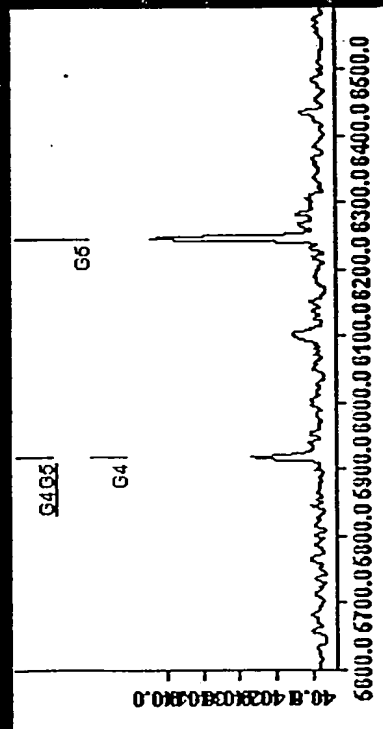
## FIGURE 11

# DNA MassArray™



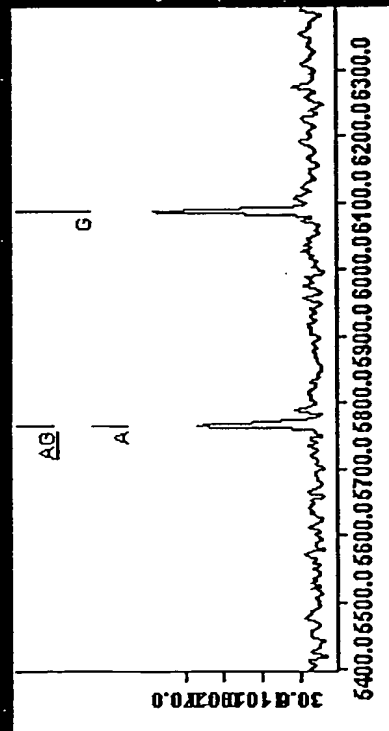
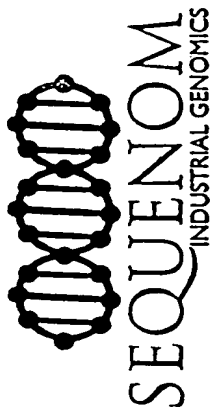
## Ethnic Diversity (PAI-1)

FIGURE 12

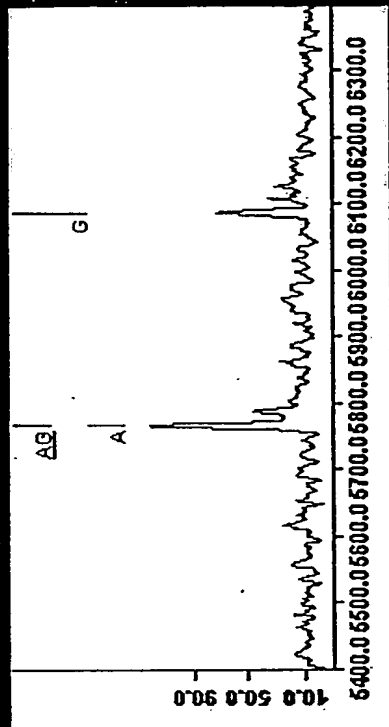


# DNA MassArray™

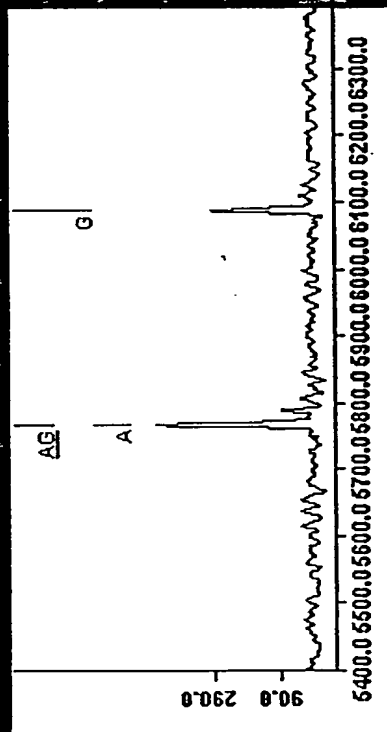
## Ethnic Diversity (CETP 405)



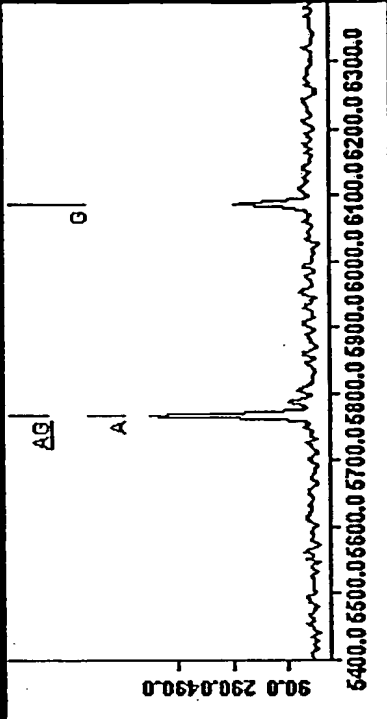
**African** Ile 43.6% Val 56.4%



Asian Ile 60.7% Val 39.3%



Caucasian Ile 63.0% Val 37.0%

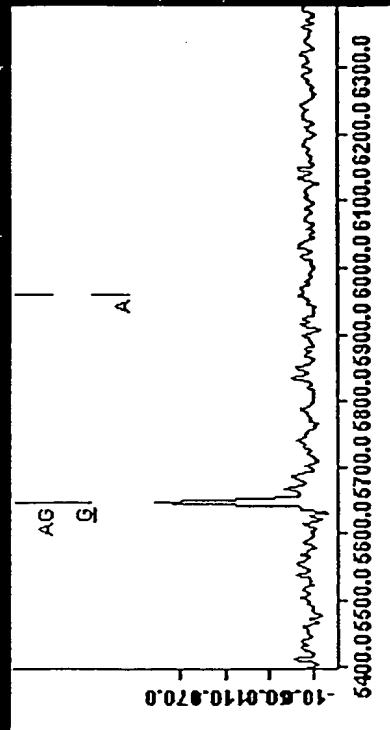
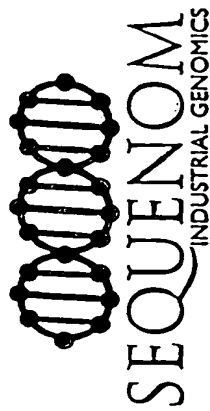


Hispanic Ile 70.1% Val 29.9%

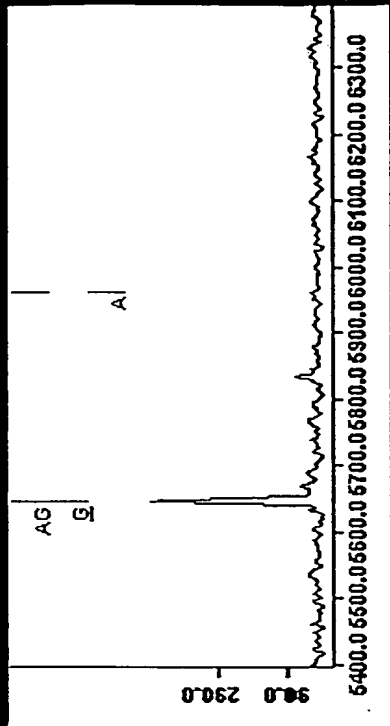
**FIGURE 13**

# DNA MassArray™

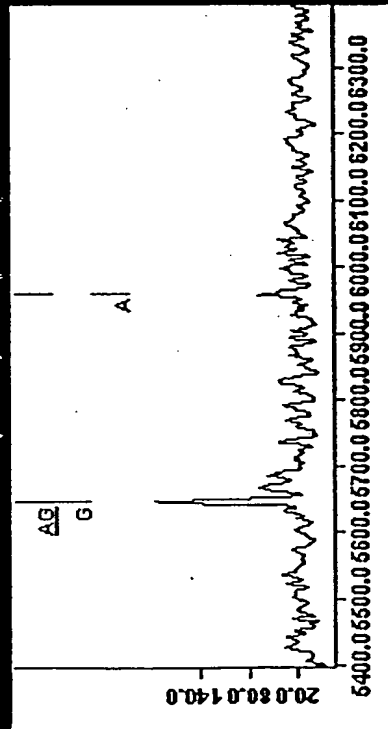
## Ethnic Diversity (Factor VII 353)



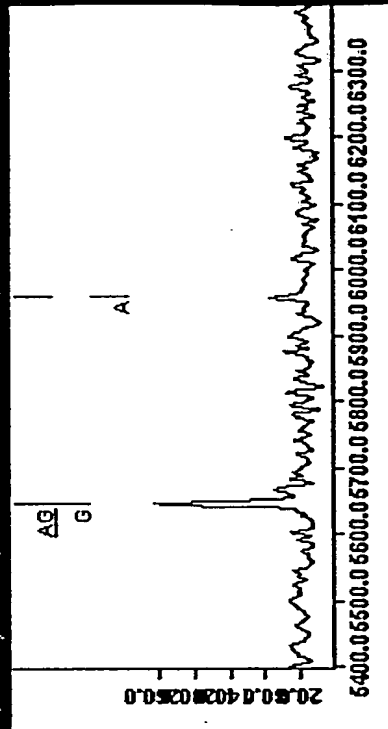
**African Arg >95% Glu <5%**



Asian Arg >95% Glu <5%



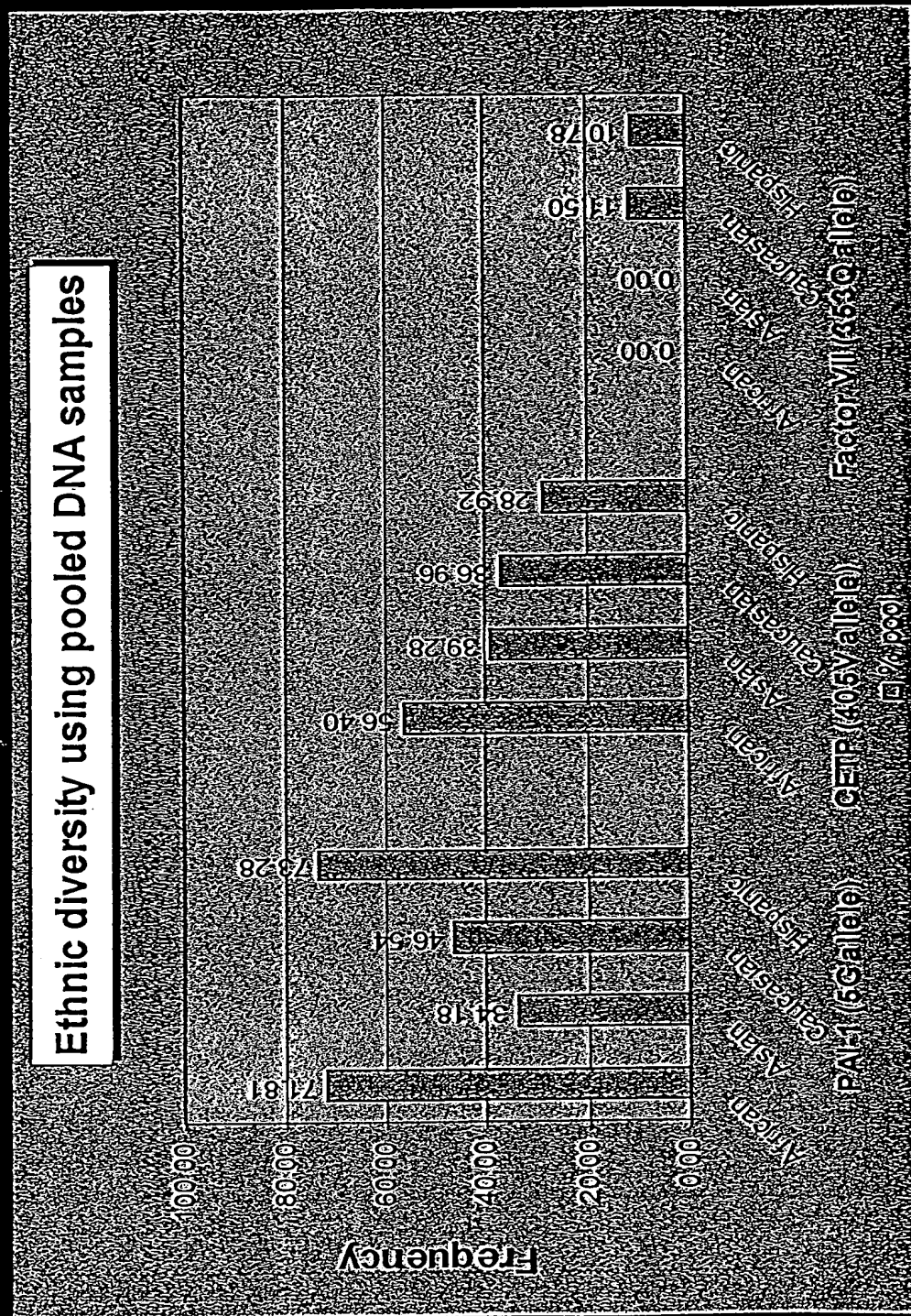
**Caucasian**      **Arg 88.5%**      **Glu 11.5%**



Hispanic Arg 89.2% Glu 10.8%

**FIGURE 14**





**FIGURE 15**



FIGURE 17

09687462-10300

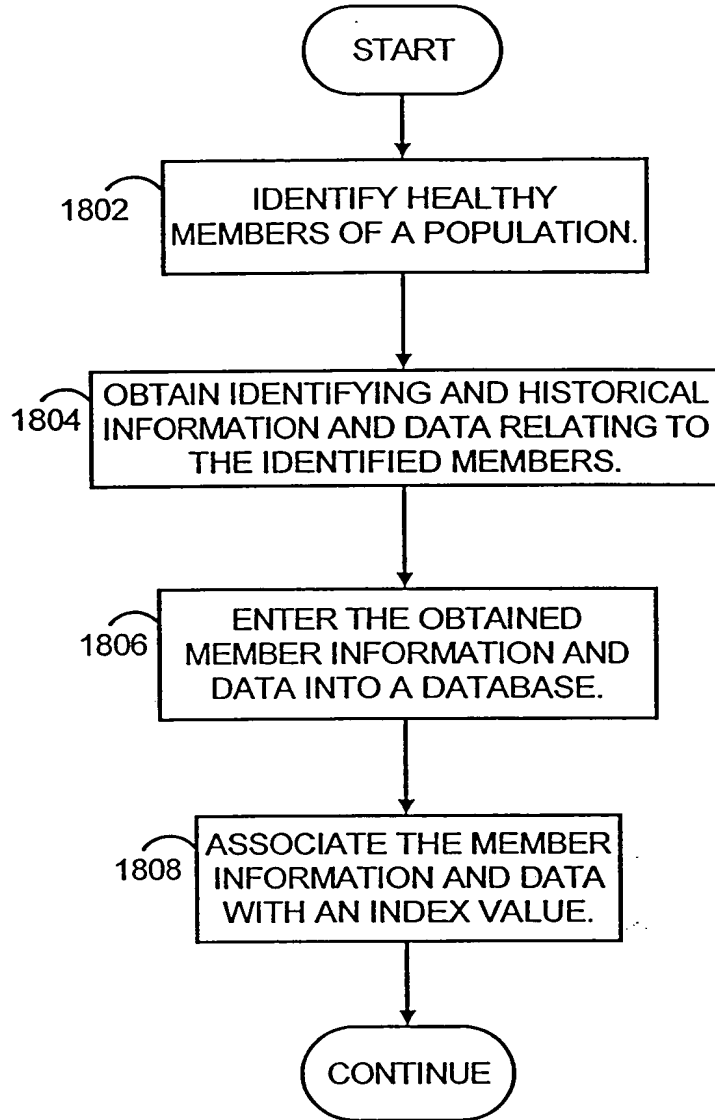


FIGURE 18

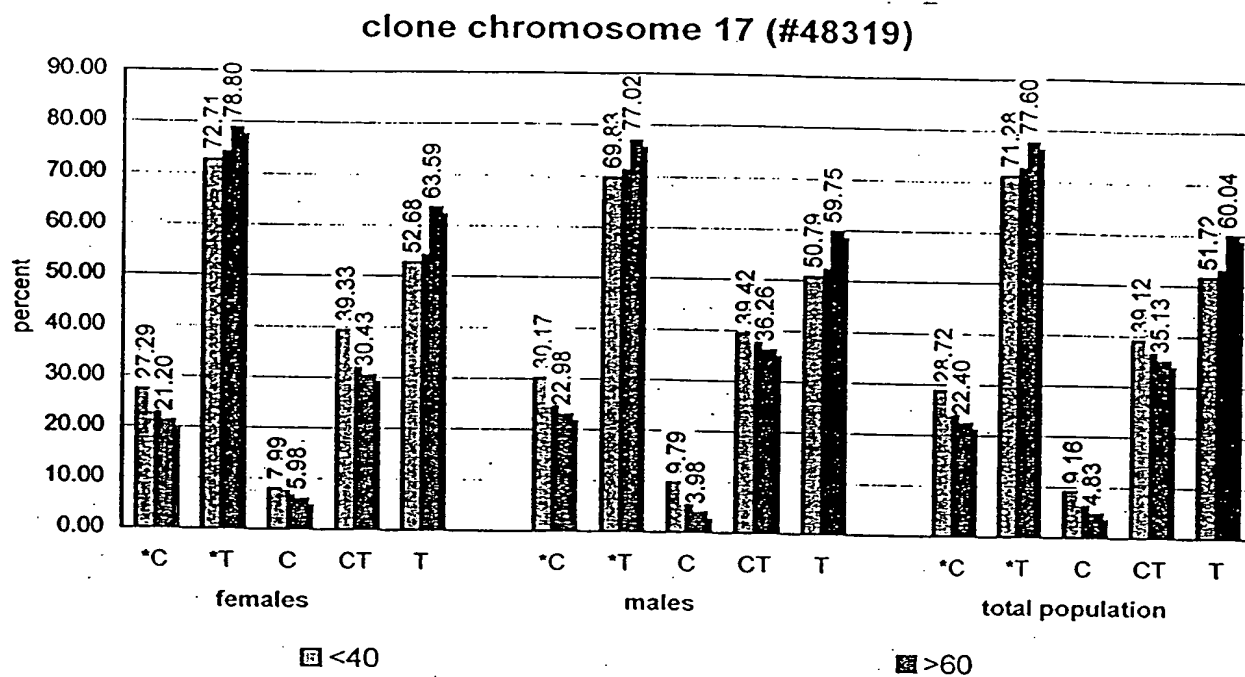


Figure 19



002707-28428950

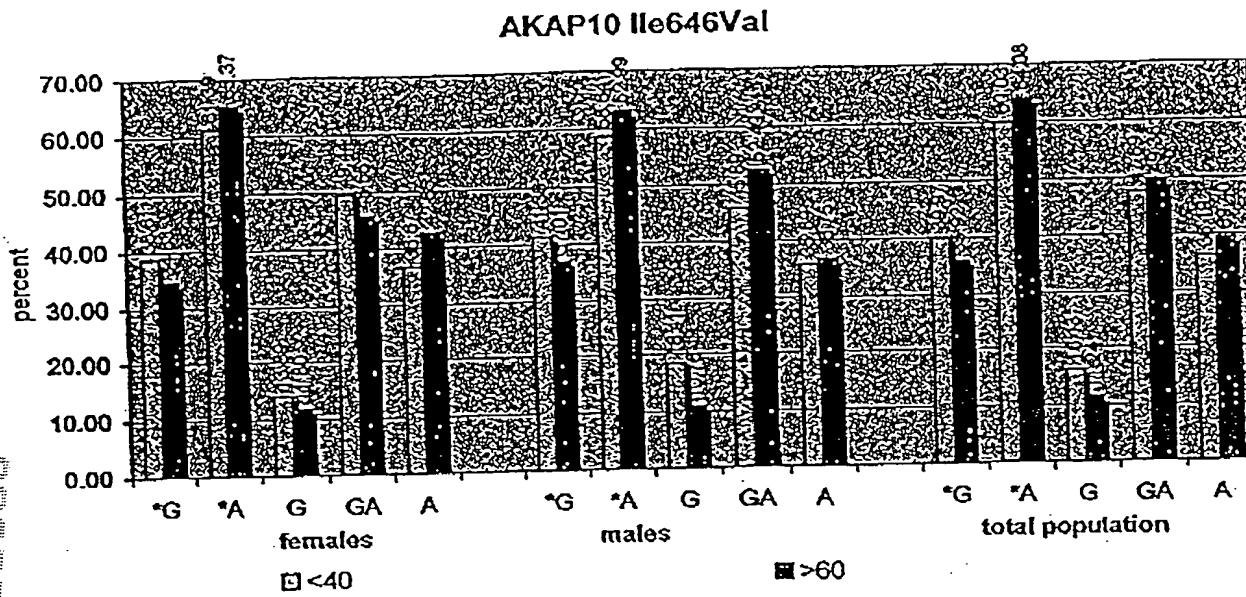
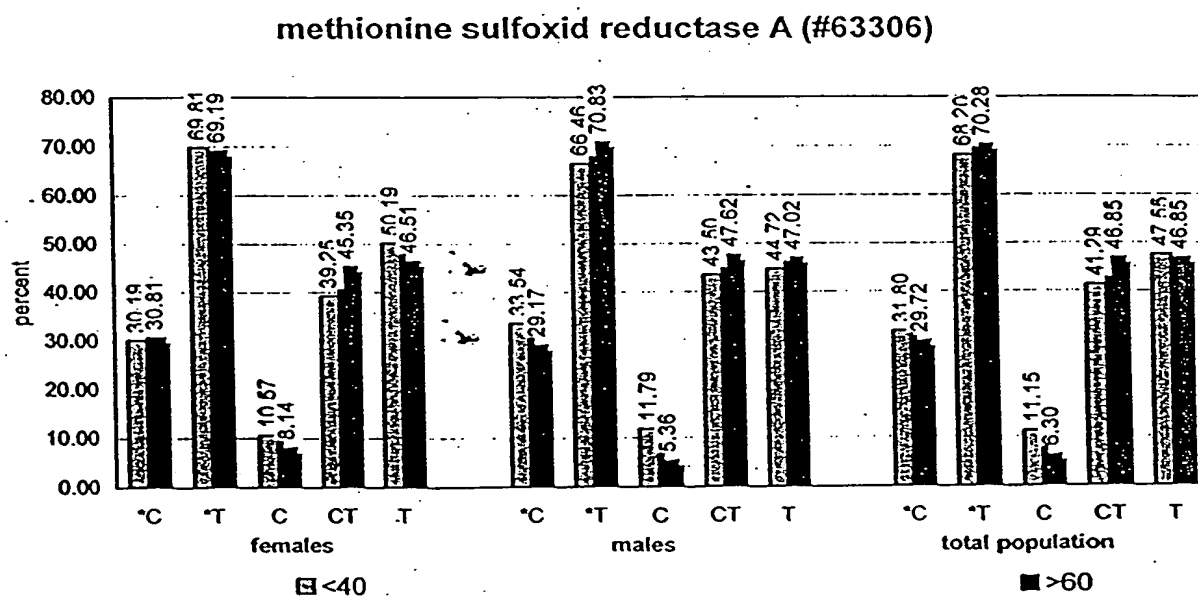


Figure 20

Figure 21



**Collection Information**

Consent Form Signed  
☐ Yes ☐ No

Date of Collection  
 Month: ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC  
 Day: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24  
 Year: ☐ 1999 ☐ 2000 ☐ 2001

Time of Sample Collection (nearest hour, in 24 hour clock format)  
☐ 00 ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23

Initials  
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z

Initials of Data Collector  
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z

(DO NOT COMPLETE; for data entry only)  
 Sample: ☐ Intact ☐ Broken  
 Volume (ml): ☐ 0.00 ☐ 0.01 ☐ 0.02 ☐ 0.03 ☐ 0.04 ☐ 0.05 ☐ 0.06 ☐ 0.07 ☐ 0.08 ☐ 0.09 ☐ 0.10 ☐ 0.11 ☐ 0.12 ☐ 0.13 ☐ 0.14 ☐ 0.15 ☐ 0.16 ☐ 0.17 ☐ 0.18 ☐ 0.19 ☐ 0.20 ☐ 0.21 ☐ 0.22 ☐ 0.23 ☐ 0.24 ☐ 0.25 ☐ 0.26 ☐ 0.27 ☐ 0.28 ☐ 0.29 ☐ 0.30 ☐ 0.31 ☐ 0.32 ☐ 0.33 ☐ 0.34 ☐ 0.35 ☐ 0.36 ☐ 0.37 ☐ 0.38 ☐ 0.39 ☐ 0.40 ☐ 0.41 ☐ 0.42 ☐ 0.43 ☐ 0.44 ☐ 0.45 ☐ 0.46 ☐ 0.47 ☐ 0.48 ☐ 0.49 ☐ 0.50 ☐ 0.51 ☐ 0.52 ☐ 0.53 ☐ 0.54 ☐ 0.55 ☐ 0.56 ☐ 0.57 ☐ 0.58 ☐ 0.59 ☐ 0.60 ☐ 0.61 ☐ 0.62 ☐ 0.63 ☐ 0.64 ☐ 0.65 ☐ 0.66 ☐ 0.67 ☐ 0.68 ☐ 0.69 ☐ 0.70 ☐ 0.71 ☐ 0.72 ☐ 0.73 ☐ 0.74 ☐ 0.75 ☐ 0.76 ☐ 0.77 ☐ 0.78 ☐ 0.79 ☐ 0.80 ☐ 0.81 ☐ 0.82 ☐ 0.83 ☐ 0.84 ☐ 0.85 ☐ 0.86 ☐ 0.87 ☐ 0.88 ☐ 0.89 ☐ 0.90 ☐ 0.91 ☐ 0.92 ☐ 0.93 ☐ 0.94 ☐ 0.95 ☐ 0.96 ☐ 0.97 ☐ 0.98 ☐ 0.99

Bar Code

**Donor Information**

Date of Birth  
 Month: ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC  
 Day: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24  
 Year: ☐ 1999 ☐ 2000 ☐ 2001

Sex:  
☐ Male ☐ Female

Height  
 Ft. Inches: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Weight  
 (lb): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99

What physical activity do you do on a regular basis?  
☐ Running ☐ Swimming ☐ Biking ☐ Gymnastics ☐ Other ☐ None

Are you a vegetarian?  
☐ Yes ☐ No

If Female:  
 How many times have you been pregnant? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9  
 How many times did you give birth? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

**To the best of your knowledge, what is the Ethnic Origin of your:**

**Father** **Mother**

☐ Caucasian (please mark specific geographic area below if known)  
☐ Northern Europe (Austria, Denmark, Finland, France, Germany, Netherlands, Norway, Sweden, Switzerland, UK)  
☐ Southern Europe (Greece, Italy, Spain, Turkey)  
☐ Eastern Europe (Czechoslovakia, Hungary, Poland, Russia, Yugoslavia)  
☐ Middle Eastern (Israel, Egypt, Iran, Iraq, Jordan, Syria, Other Arab States)  
☐ African-American  
☐ Hispanic (please mark specific geographic area below if known)  
☐ Mexico  
☐ Central America, South America  
☐ Cuba, Puerto Rico, other Caribbean  
☐ Asian (please mark specific geographic area below if known)  
☐ Japanese  
☐ Chinese  
☐ Korean  
☐ Vietnamese  
☐ Filipino  
☐ Native American  
☐ Other  
☐ Don't know

In which state do you live?  
☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z

How long have you lived there?  
 Years: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

What is your highest grade you completed in school?  
☐ less than 8th grade  
☐ 8th, 9th, 10th, or 11th grade  
☐ high school graduate or equivalency  
☐ some college, 2 yr degree  
☐ college graduate, 4 yr degree  
☐ post graduate education or degree

Mother Deceased? **Cause of Death Mother:**  
☐ Yes ☐ No  
 If Yes at what age? ☐ ≤ 29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ ≥ 90  
☐ Heart Disease ☐ Cancer ☐ Stroke ☐ Accident ☐ Suicide ☐ Other

Father Deceased? **Cause of Death Father:**  
☐ Yes ☐ No  
 If Yes at what age? ☐ ≤ 29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ ≥ 90  
☐ Heart Disease ☐ Cancer ☐ Stroke ☐ Accident ☐ Suicide ☐ Other

FIGURE 22A

ave you ever smoked? ☐ Yes ☐ No

yes, for how long?

Years
01:01
12:02
23:03
34:04
45:05
56:06
67:07
78:08
89:09

you been hospitalized  
past 5 years for more  
than 6 days at a time?  
☐ Yes ☐ No

If yes, how many times?  
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

For each hospitalization  
(if not the same)  
how long did you stay  
and for what reason?

- 1) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
- ☐ Acute disorder, including infection and thrombosis  
☐ Chronic Disorder  
☐ Accident  
☐ Other: \_\_\_\_\_
- 2) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
- ☐ Acute disorder, including infection and thrombosis  
☐ Chronic Disorder  
☐ Accident  
☐ Other: \_\_\_\_\_
- 3) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
- ☐ Acute disorder, including infection and thrombosis  
☐ Chronic Disorder  
☐ Accident  
☐ Other: \_\_\_\_\_

ave you r has anyone in your immediate family (parents, brothers, sisters, or your children) had the following?  
mark all that apply!

isease

Heart Disease, including arteriosclerosis
Stroke
Hypertension
Abdominal blood clots
Diabetes, insulin dependent
Diabetes, not insulin dependent (diet controlled)
Cancer:
Lung & Bronchus
Breasts
Prostate
Colon & Rectum
Skin
Lymphoma & Leukemia
Other, please specify below:
Alzheimer's Disease
Epilepsy
Schizophrenia
Bipolar disorder (manic depression)
Major depression
Chronic Inflammatory or Autoimmune Disease including Multiple Sclerosis and Rheumatoid Arthritis
Emphysema
Asthma
Other, please specify below:

	You	Mother	Father	Sister	Brother	Child
Heart Disease, including arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal blood clots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, insulin dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, not insulin dependent (diet controlled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung & Bronchus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon & Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma & Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder (manic depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Inflammatory or Autoimmune Disease including Multiple Sclerosis and Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take prescription drugs on a regular basis?

☐ Yes ☐ No

If yes, please specify below:

ave you ever donated blood before? ☐ Yes ☐ No

If yes, how many times: Number of Times

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

Additional health information details you would like to provide:


FOR  
OFFICE  
USE ONLY

1	5
2	7
3	2
4	3
5	4

Do you drink any kind of alcoholic beverage?

Never ☐ Hardly ever ☐  
Less than 3 times per week ☐ 3 or more times per week ☐  
Daily ☐

FIGURE 22B

**FIGURE 22C**



☐ Did not complete in school?  
☐ Less than 8th grade  
☐ 8th, 9th, 10th, or 11th grade  
☐ High school graduate or  
 equivalency  
☐ Some college, 2 yr degree  
☐ College graduate, 4 yr degree  
☐ Post graduate education or  
 degree

☐ Yes ☐ No  
 If Yes at  
 what age?  
☐ ≤ 29  
☐ 30-39  
☐ 40-49  
☐ 50-59  
☐ 60-69  
☐ 70-79  
☐ 80-89  
☐ ≥ 90

☐ Heart Disease  
☐ Cancer  
☐ Stroke  
☐ Accident  
☐ Suicide  
☐ Other \_\_\_\_\_

☐ Yes ☐ No  
 If Yes at  
 what age?  
☐ ≤ 29  
☐ 30-39  
☐ 40-49  
☐ 50-59  
☐ 60-69  
☐ 70-79  
☐ 80-89  
☐ ≥ 90

☐ Heart Disease  
☐ Cancer  
☐ Stroke  
☐ Accident  
☐ Suicide  
☐ Other \_\_\_\_\_

## Health Information

Have you or has anyone in your immediate family (parents, brothers, sisters, or your children) had the following?  
 Mark all that apply!

Disease	You	Mother	Father	Sister	Brother	Child
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal blood clots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, insulin dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, not insulin-dependent (diet controlled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer:						
Lung & Bronchus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon & Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma & Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder (manic depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Inflammatory or Autoimmune Disease including Multiple Sclerosis and Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take prescription drugs on a regular basis?

☐ Yes ☐ No

Have you ever donated blood before? ☐ Yes ☐ No

If yes, please specify below:

If yes, how many times: Number of Times

Have you been hospitalized  
 in the past 5 years for more  
 than 6 days at a time?  
☐ Yes ☐ No

If yes, how many times?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

For each hospitalization  
 (if not the same)  
 How long did you stay  
 and for what reason?

1) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10  
☐ Acute disorder, including infection and thrombosis  
☐ Chronic Disorder  
☐ Accident  
☐ Other: \_\_\_\_\_  
 2) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10  
☐ Acute disorder, including infection and thrombosis  
☐ Chronic Disorder  
☐ Accident  
☐ Other: \_\_\_\_\_  
 3) Weeks: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10  
☐ Acute disorder, including infection and thrombosis  
☐ Chronic Disorder  
☐ Accident  
☐ Other: \_\_\_\_\_

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

Do you drink any kind of alcoholic beverage?

☐ Never ☐ Hardly ever  
☐ Less than 3 times per week ☐ 3 or more times per week  
☐ Daily

Additional health information details you would like to provide:

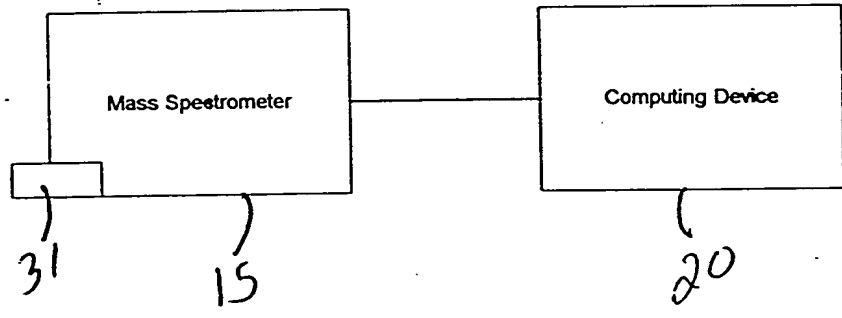
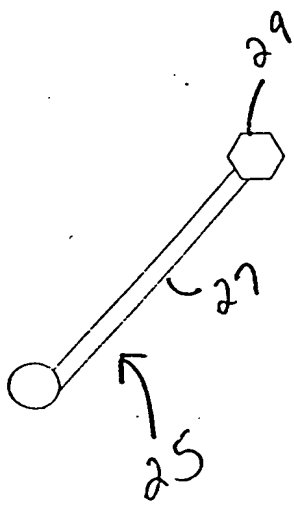
FOR OFFICE  
 USE ONLY

01	06
02	07
03	08
04	09
05	10

FIGURE 22D

FIGURE 23

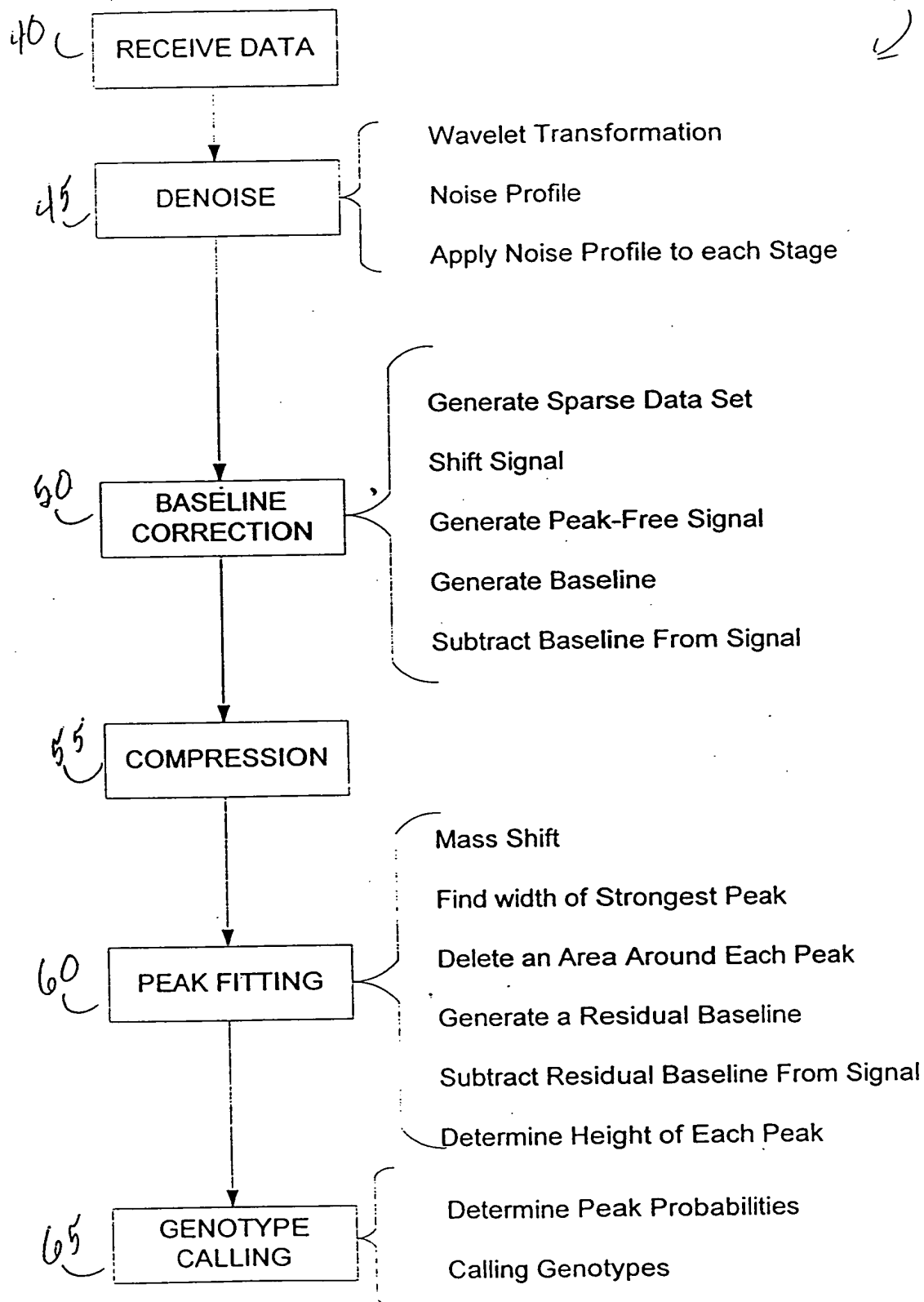
00687483-101300



10  
↓

FIGURE 24

35



**FIGURE 25**

This mass spectrum displays the intensity of ions as a function of their mass for poly(2-vinylpyridine). The x-axis, labeled 'Mass', spans from 1500 to 10733. The y-axis, labeled 'Intensity', spans from 0 to 5545. The spectrum is characterized by a dense forest of peaks, with a prominent, sharp peak at approximately 6000 mass units reaching an intensity of nearly 4000. Other notable peaks are visible at lower mass values, such as around 1500, 2000, and 3000, where intensities are also high. The overall trend shows a decrease in peak intensity as mass increases beyond the 4000 range.

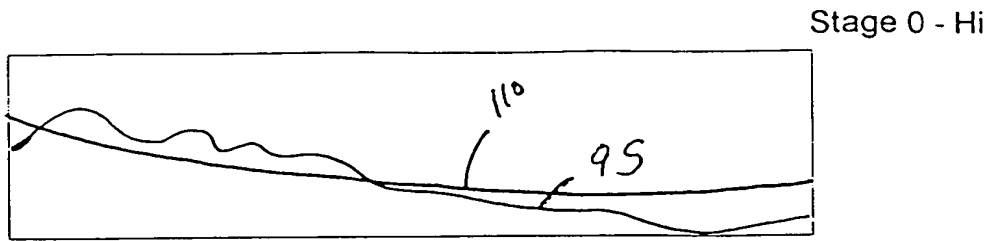
The flowchart illustrates a multi-stage processing system. It begins with a box labeled "Mass Spec. Data" (annotated with 70). This box branches into two parallel paths: "Stage 0 Hi" (annotated with 82) and "Stage 0 Lo" (annotated with 83). These paths merge and then branch again into "Stage 1 Hi" (annotated with 84) and "Stage 1 Lo" (annotated with 85). This pattern continues to "Stage 2 Hi" (annotated with 86) and "Stage 2 Lo" (annotated with 87). An ellipsis indicates further stages. The final stage shown is "Stage n Hi" (annotated with 88) and "Stage n Lo" (annotated with 89). In the top right corner, there is a handwritten calculation:  $\frac{80}{\downarrow}$ .

**FIGURE 27**

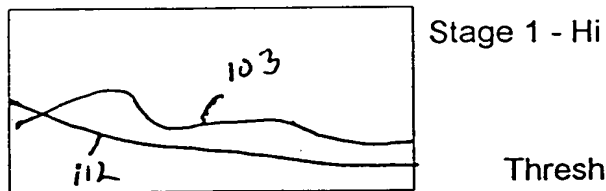
A hand-drawn graph showing a decreasing curve. The curve starts at a high value on the left and decreases as it moves to the right. A vertical arrow points down to the curve, labeled '97'.

FIGURE 29

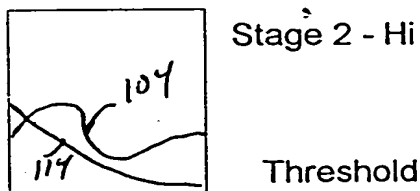




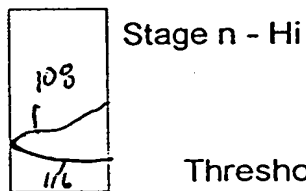
Threshold 0=4XNoiseProfile



Threshold 1=2XNoiseProfile



Threshold 2=1XNoiseProfile



Threshold  $n=(1/2^{n-2})XNoiseProfile$

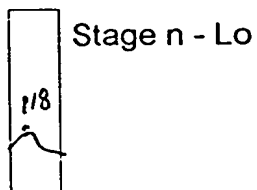


FIGURE 31





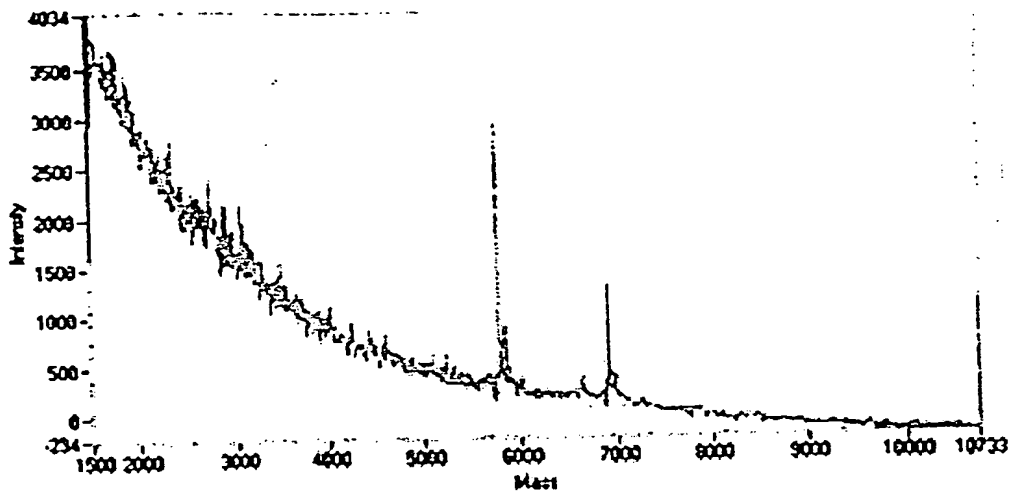


FIGURE 35

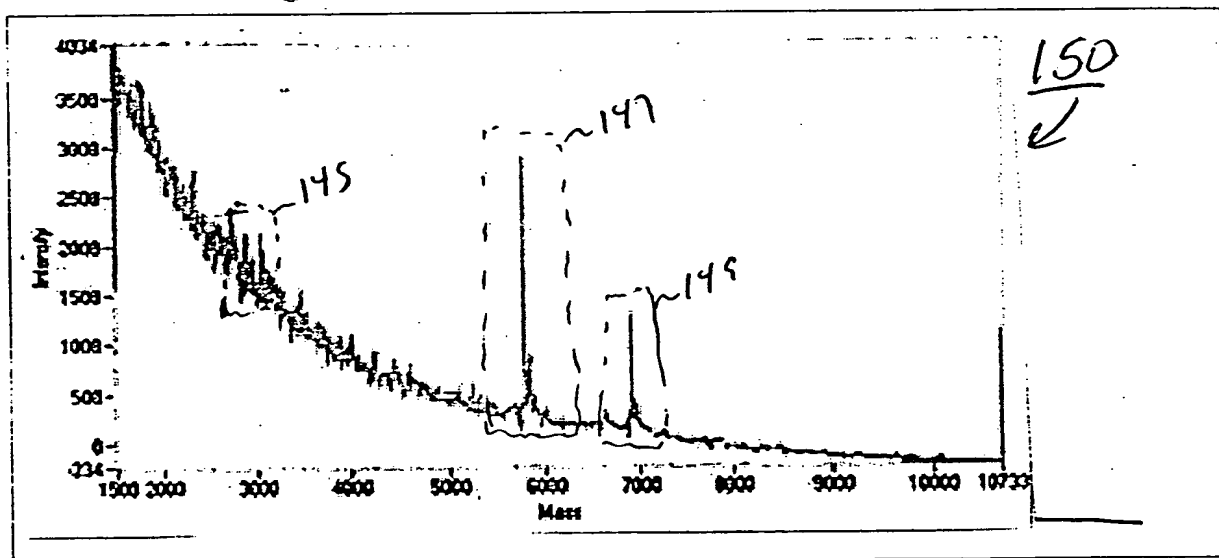


FIG. 13 - TAKE A MOVING AVERAGE, REMOVE SECTIONS EXCEDING A THRESHOLD

FIGURE 36

00607" 28428960

005707" 89428960

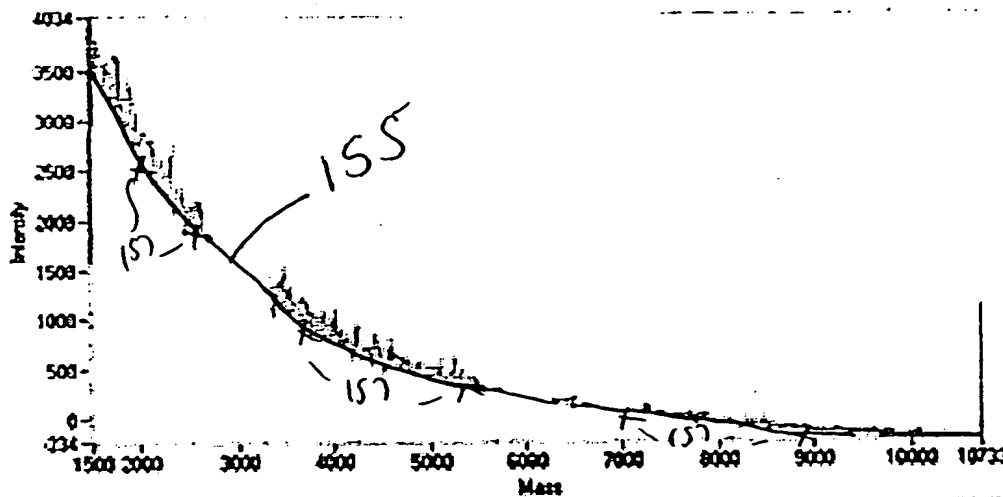
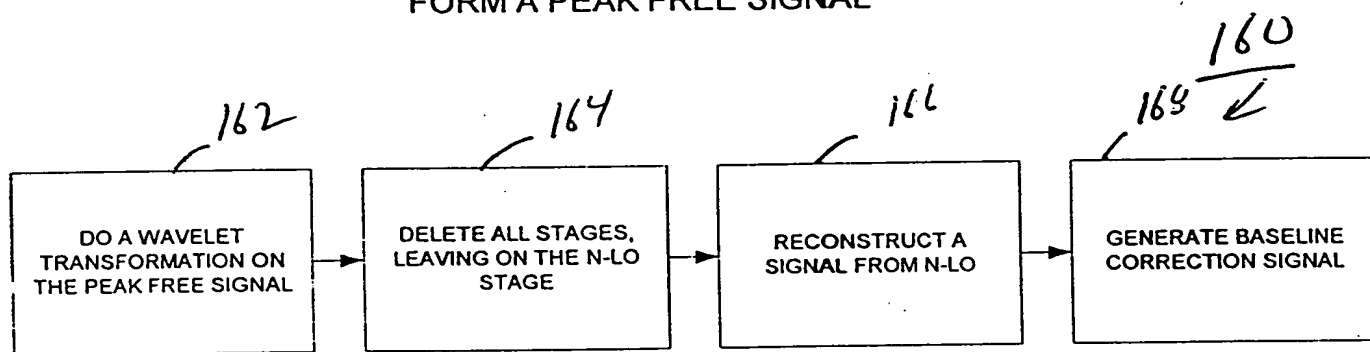


FIGURE 37

FIND MINIMA IN REMAINING SIGNALS AND CONNECT TO FORM A PEAK FREE SIGNAL



GENERATE BASELINE CORRECTION

FIGURE 38

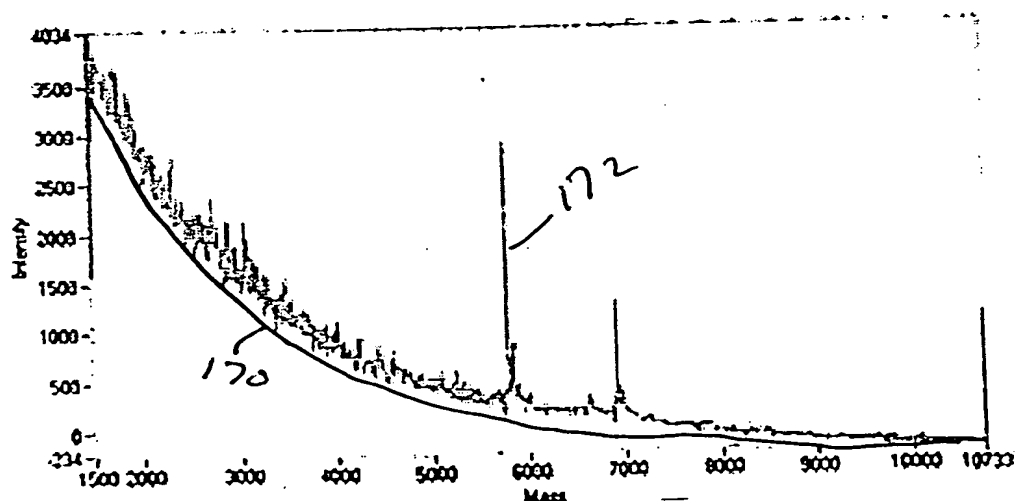


FIGURE 39

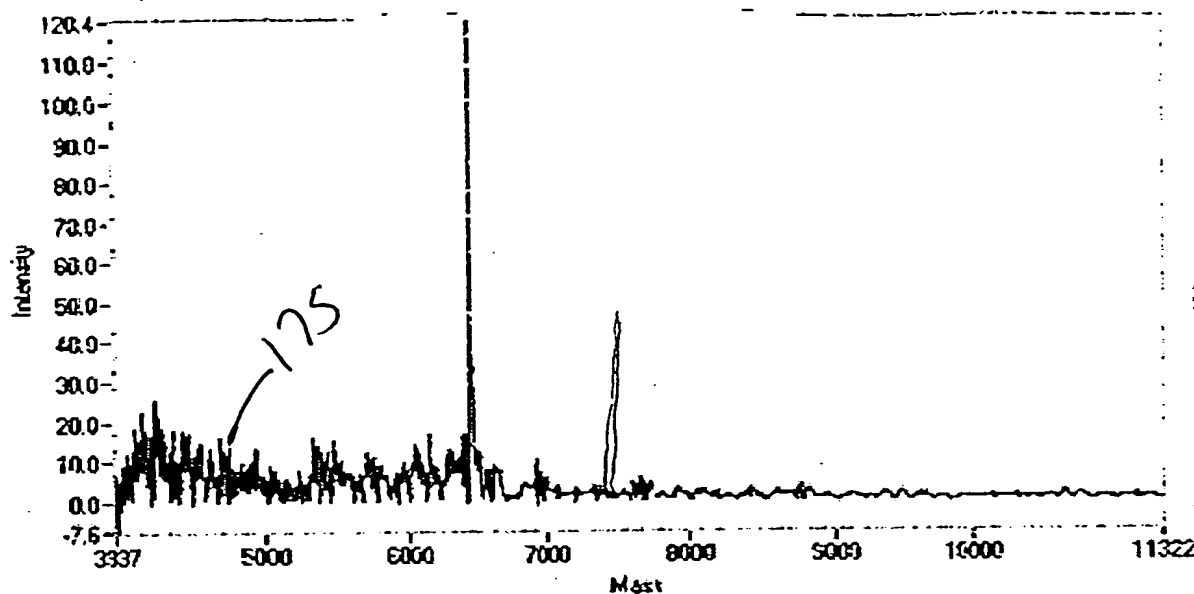


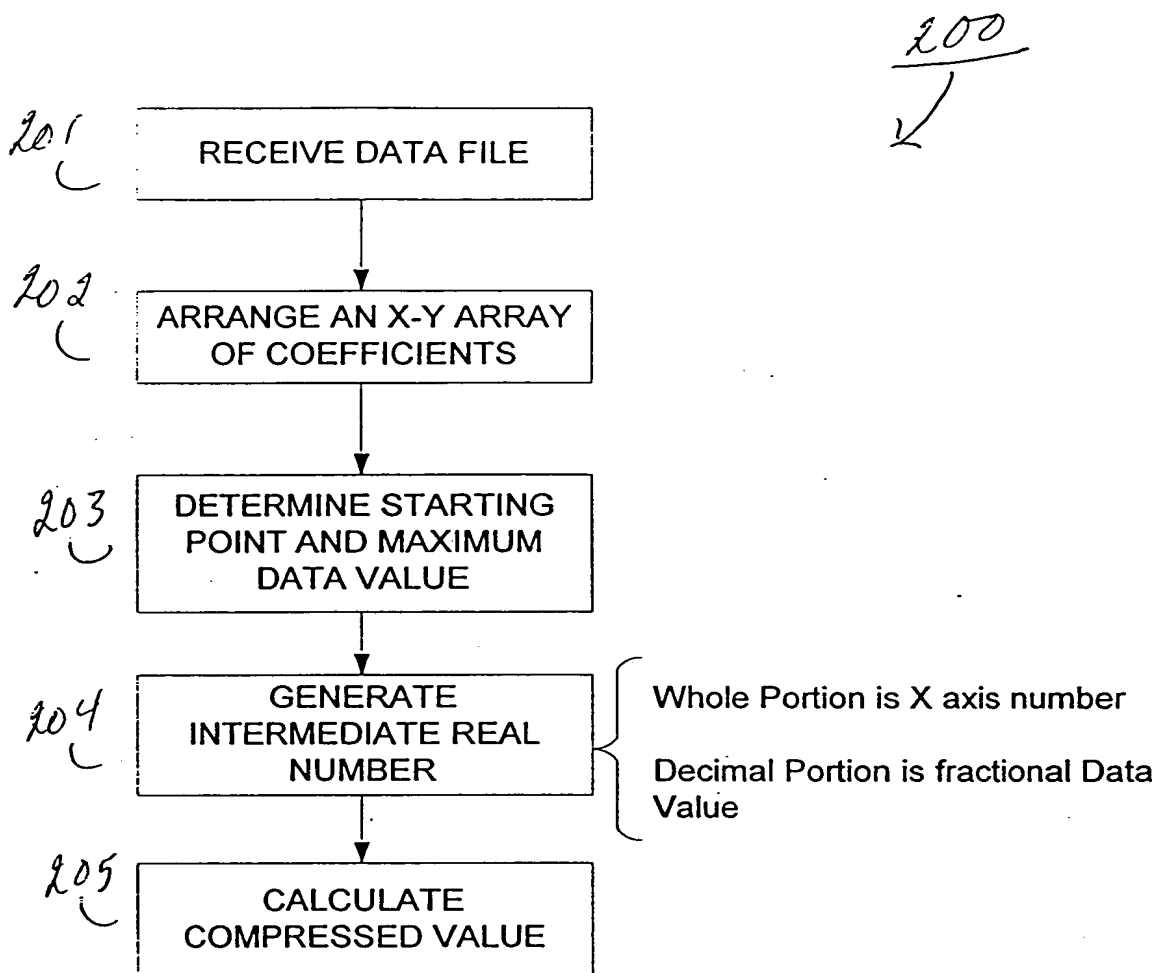
FIGURE 40

00607483-101300

NON-0 COEFFICIENTS	VALUE	INTERMEDIATE	RELATIVE
100	25	100.025	100.025
150	220	150.220	50.220
500	.1	500.0001	350.0001
10,050	800	10,050.8	9550.8
10,075	890	10,075.89	25.89
11,125	910	11,125.91	150.91
12,100	1000 (MAX)	12,100.99999	975.99999
13,250	940	13,250.94	1150.94

FIGURE 41

0909787 = 101800



**FIGURE 42**

005707 E8428960

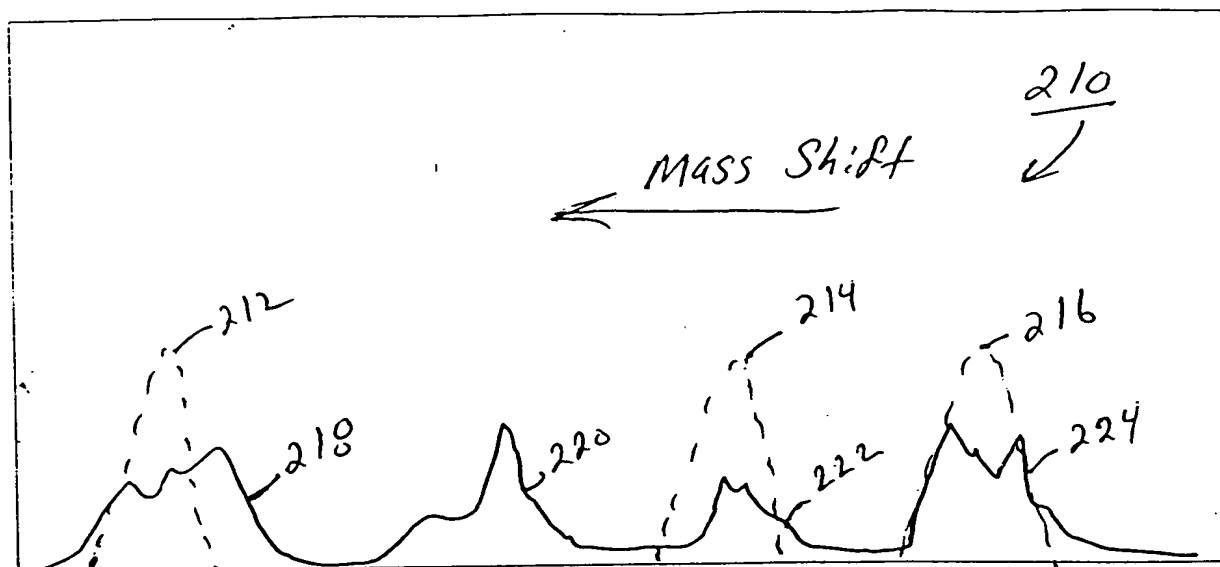


FIGURE 43

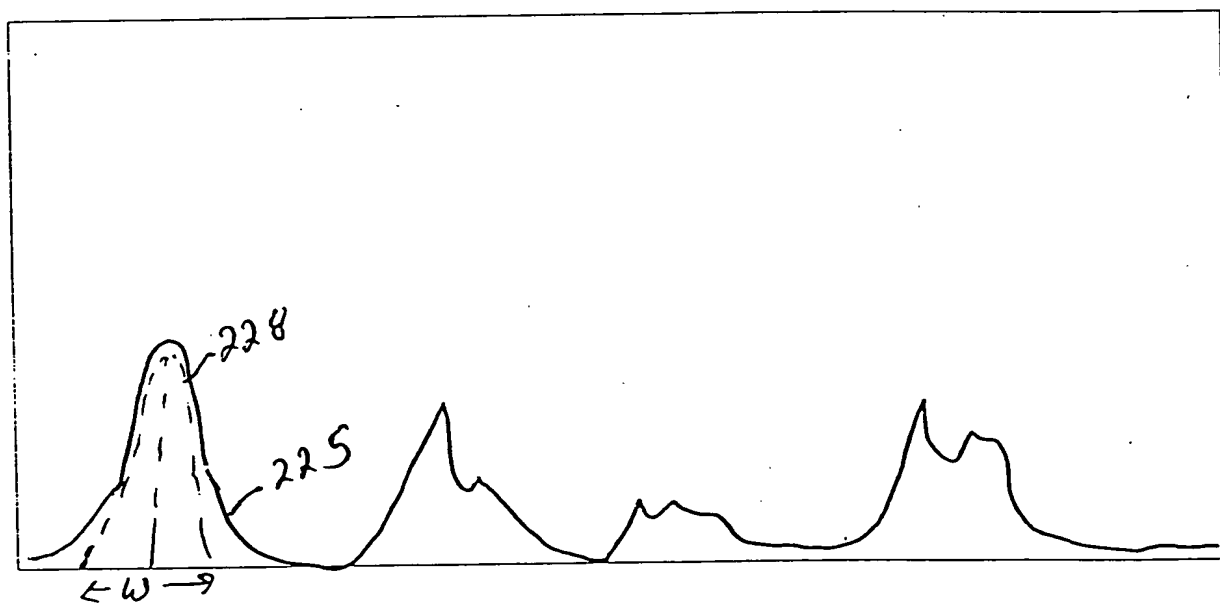



FIGURE 44

A hand-drawn graph showing two sets of peaks. The left set has peaks labeled 230, 219, and 220. The right set has peaks labeled 232, 222, 237, and 224. The x-axis is marked with values 240, 500, 241, 238, 240, 500, 240, 500, 245. There are also handwritten notes like '240' and '243' near the x-axis.

A hand-drawn diagram of a horizontal line with seven 'x' marks. Above the line, the number '247' is written with a bracket spanning the first three 'x' marks. Further to the right, the number '245' is written with an arrow pointing to the fourth 'x' mark.



A hand-drawn diagram consisting of a single horizontal line. An arrow points from the label '250' to the line.

**FIGURE 47**



00587483-101300

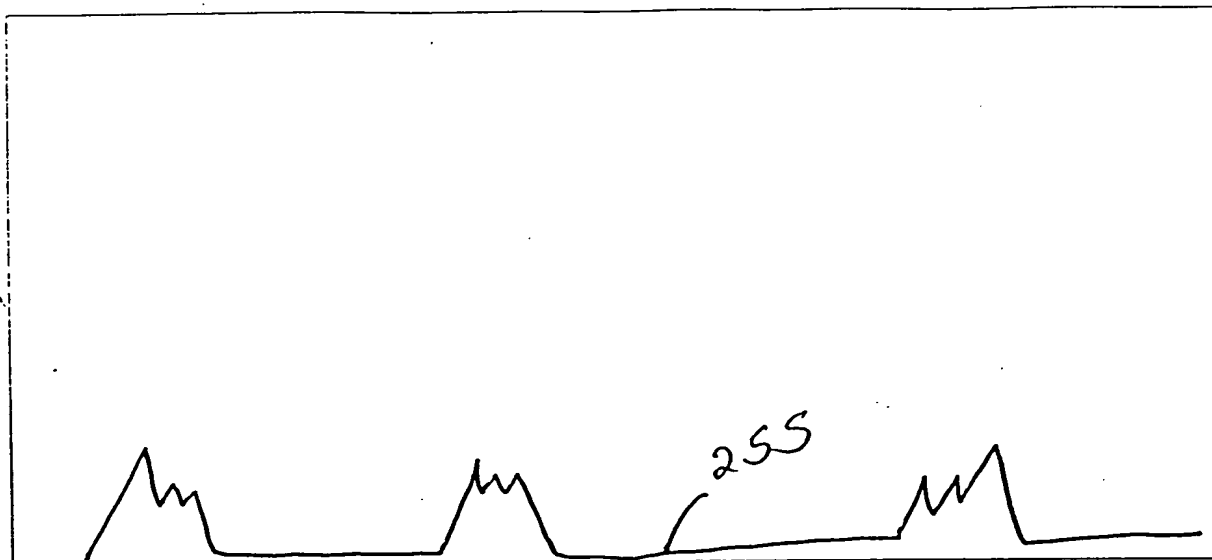


FIGURE 48

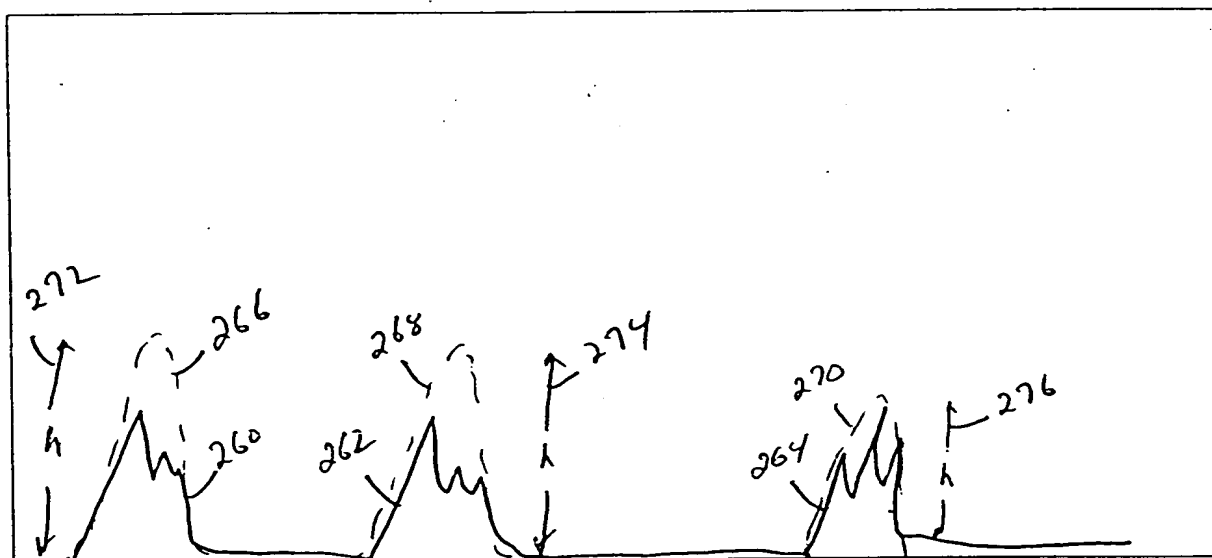


FIGURE 49



00687483-101300

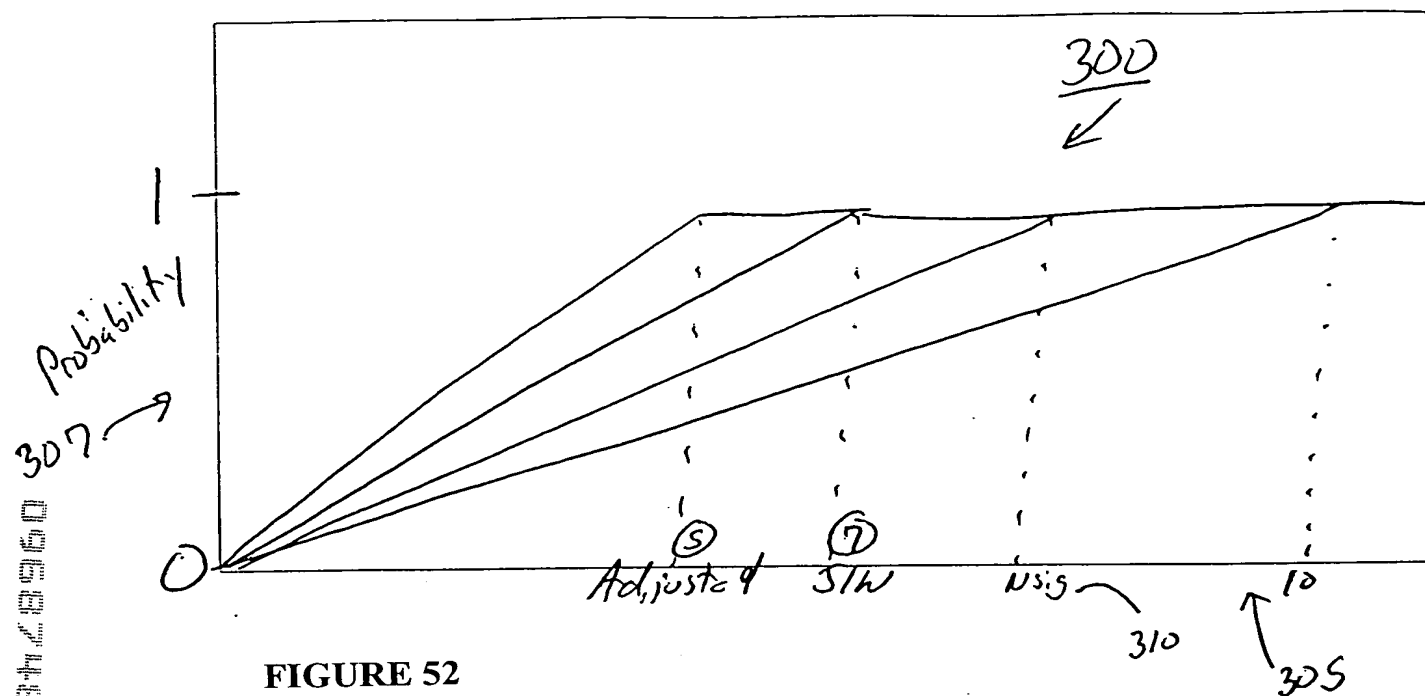


FIGURE 52

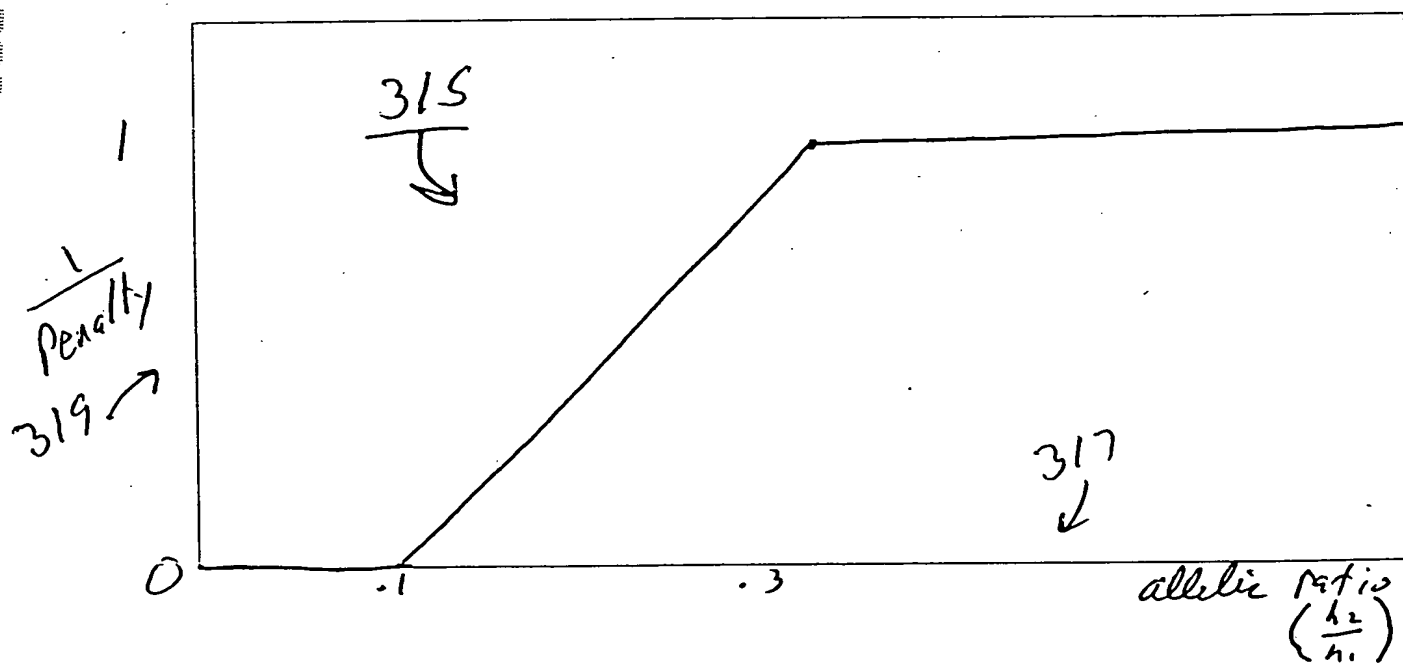


FIGURE 53

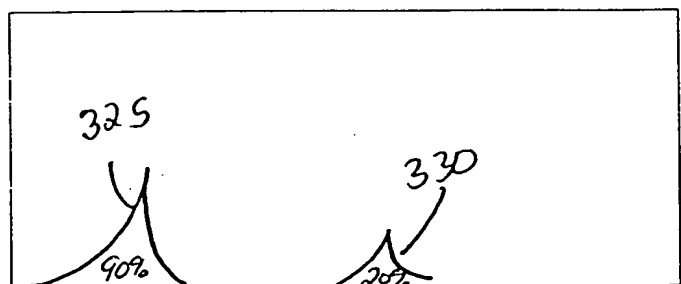


FIGURE 54

329

PROBABILITY OF GG EXISTING:

$$\begin{aligned} P(GG) &= P(G) * P(1-C) \\ &= 90\% * (100\% - 20\%) \\ &= 90\% * 80\% \\ &= 72\% \end{aligned}$$

331

PROBABILITY OF CC EXISTING:

$$\begin{aligned} P(CC) &= P(C) * P(1-G) \\ &= 20\% * (100\% - 90\%) \\ &= 20\% * 10\% \\ &= 2\% \end{aligned}$$

333

PROBABILITY OF GC EXISTING:

$$\begin{aligned} P(GC) &= P(G) * P(C) \\ &= 90\% * 20\% \\ &= 18\% \end{aligned}$$

call  
339 →  
No call

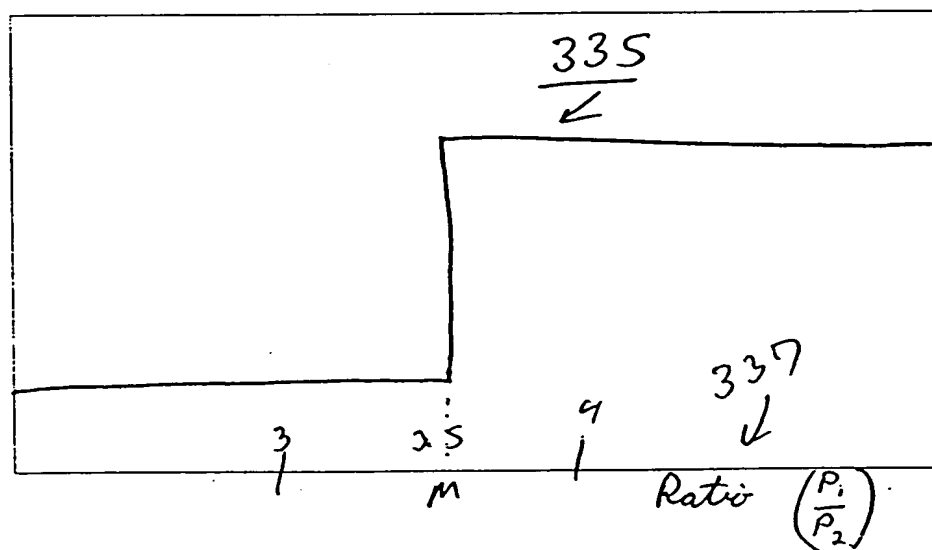


FIGURE 55

09637483-101300

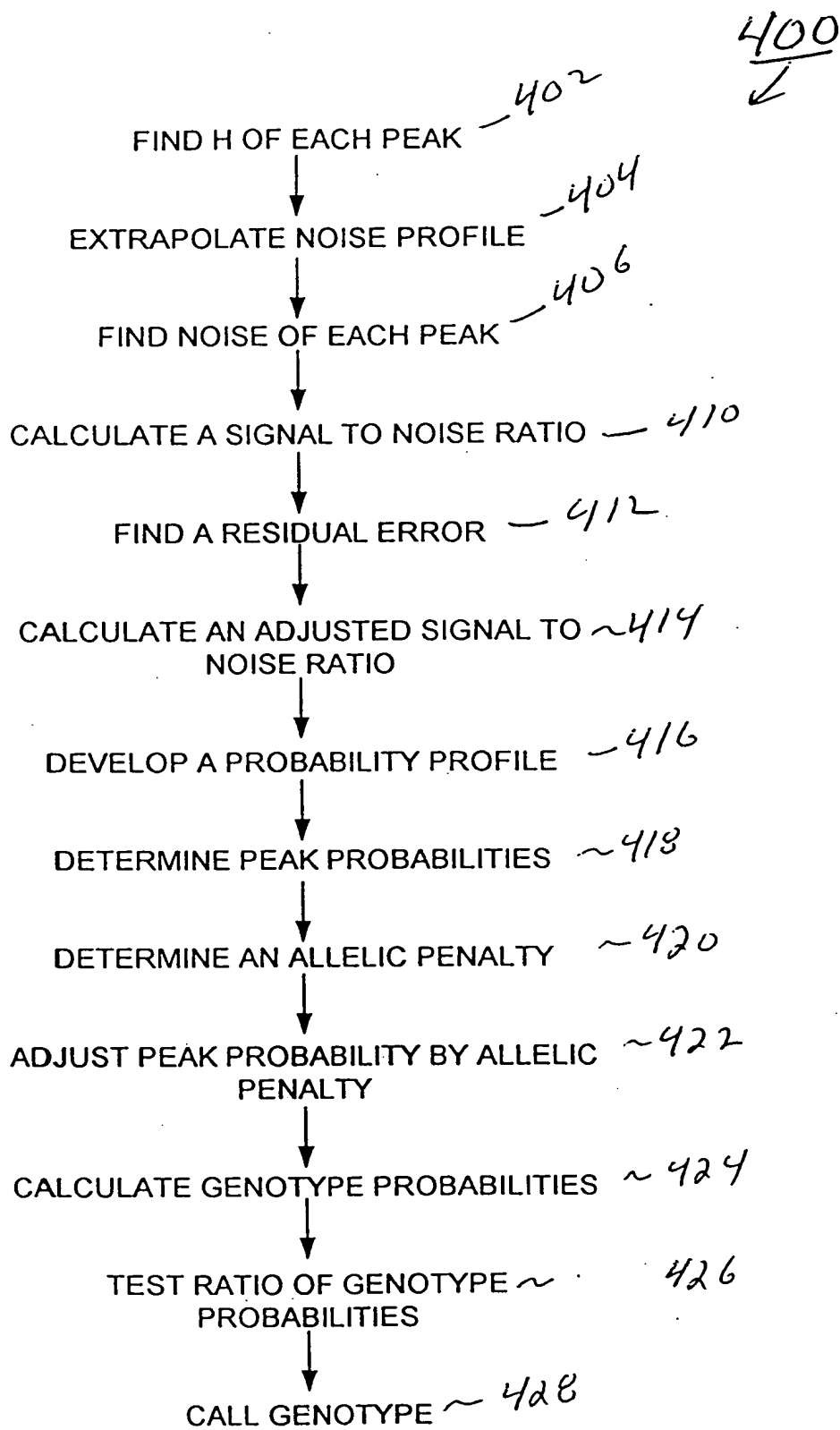


FIGURE 56

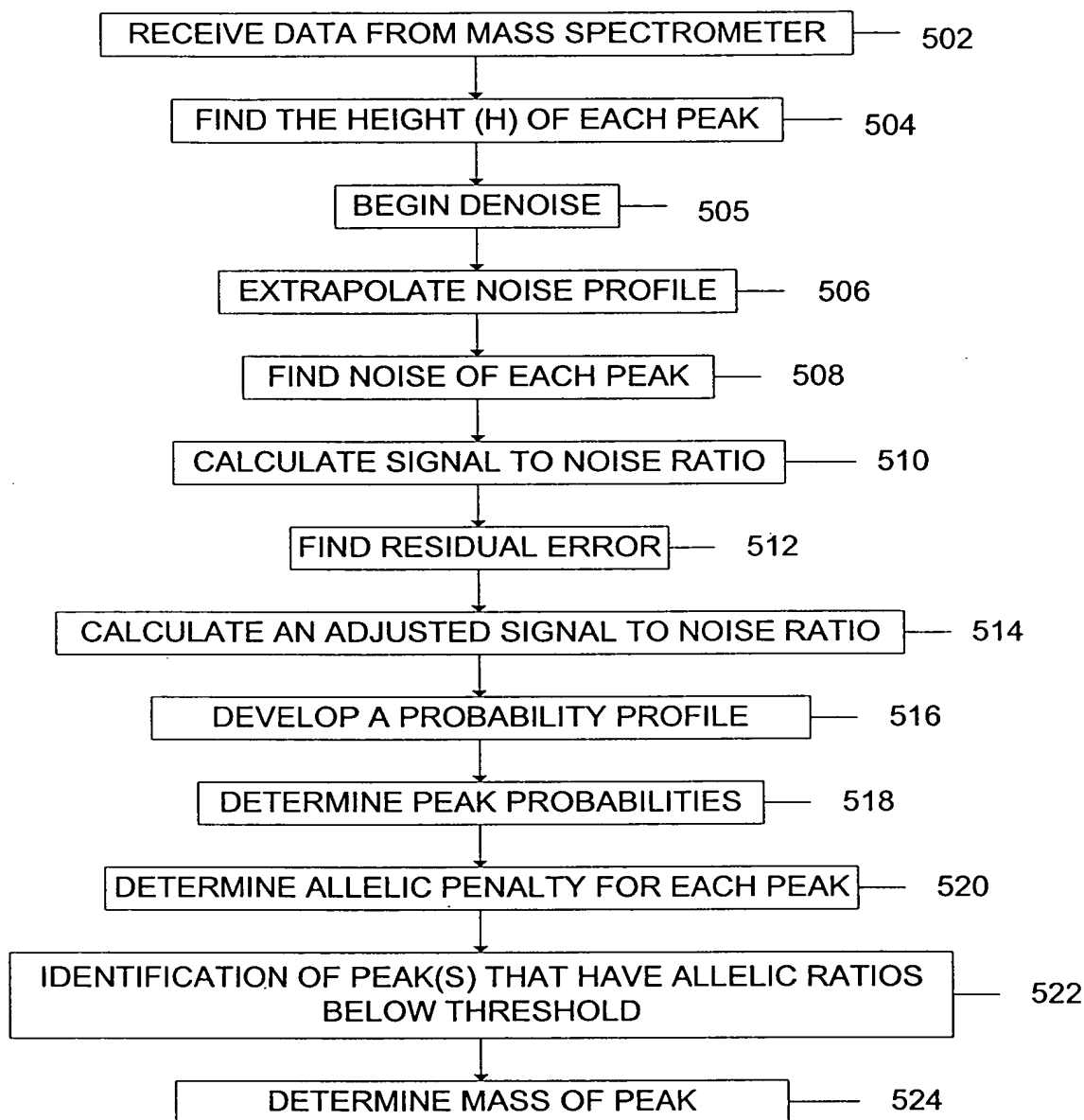


FIGURE 57

A graph showing the relationship between the Ratio of Area Under Peak (X-axis) and Allelic Penalty (Y-axis). The Y-axis has labels 0 and 1. The X-axis has labels .1 and .3. The graph is a step function: the penalty is 0 for ratios from 0 to 0.3, and it jumps to 1 for ratios greater than 0.3. The vertical line at 0.3 is drawn with a thicker stroke than the other lines.

Ratio of Area Under Peak	Allelic Penalty
0 to 0.3	0
Greater than 0.3	1

FIGURE 58